

Name in Full

Certificate of Death

Evan Arthur

Town

County

Died at

MARYLAND

Date 1903

Month 3 Day 3

Y.

M.

D.

Native of

Occupation

Age 37

21

American Saloon Keeper

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband of

~~Wife~~

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

Acute Nephritis

How long sick

Two days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70828

867m

Allyany County —

Name  
in  
Full

Ezekiel Ayers

## CERTIFICATE OF DEATH

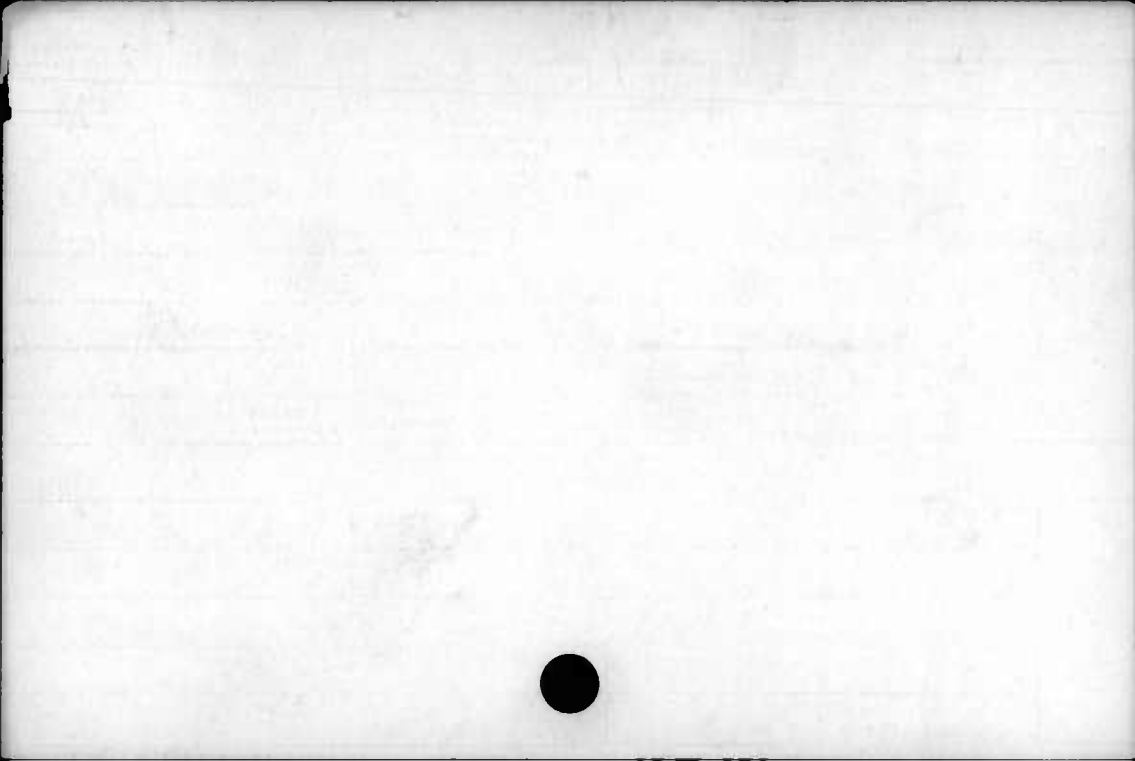
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Donacoring</u> Town		<u>Allegany</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>March</u>	Day <u>12</u>	Age <u>69</u> Years	Months <u>1</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Donacoring Md.</u>			
Married, Single or Widowed <u>Single</u>	Occupation <u>Retired Miner</u>				
Name of Wife or Husband <u>—</u>					
Father's Name <u>Samuel Ayers</u>			Father's Birthplace <u>Donacoring Md.</u>		
Mother's Maiden Name <u>Maria Potter</u>			Mother's Birthplace <u>Donacoring Md.</u>		
Name of person giving information <u>Wm. Ayers</u>			How related to deceased <u>nephew</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Lg Gripp</u>	How long <u>1 month</u>
Immediate <u>Pneumonia</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>M. Gibson Porter</u>
	Address <u>Donacoring Md.</u>
Accident or Suicide? <u>No</u>	



Name  
in  
Full

Moran Bane

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death 1903		3	March	3 <sup>rd</sup>	Age 60	11	17
Sex		Male		Color or Race		White	
Married, Single or Widowed		Married		Occupation		Farmer	
Name of Wife or Husband		Rebecca Lou					
Father's Name		Jessie Bane				Father's Birthplace	
						Maryland	
Mother's Maiden Name		Catherine Throck				Mother's Birthplace	
						Maryland	
Name of person giving information		Nathan Bane				How related to deceased	
						Son	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pernicious Anemia	How long	Six months
Immediate	Ashtemia	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		H. S. Howard M.D.	
Address		Vale Summit	
		Maryland	
Accident or Suicide?			

Götter

Wass Mountain  
Grazing

Name  
in  
Full

Dead Born

## CERTIFICATE OF DEATH

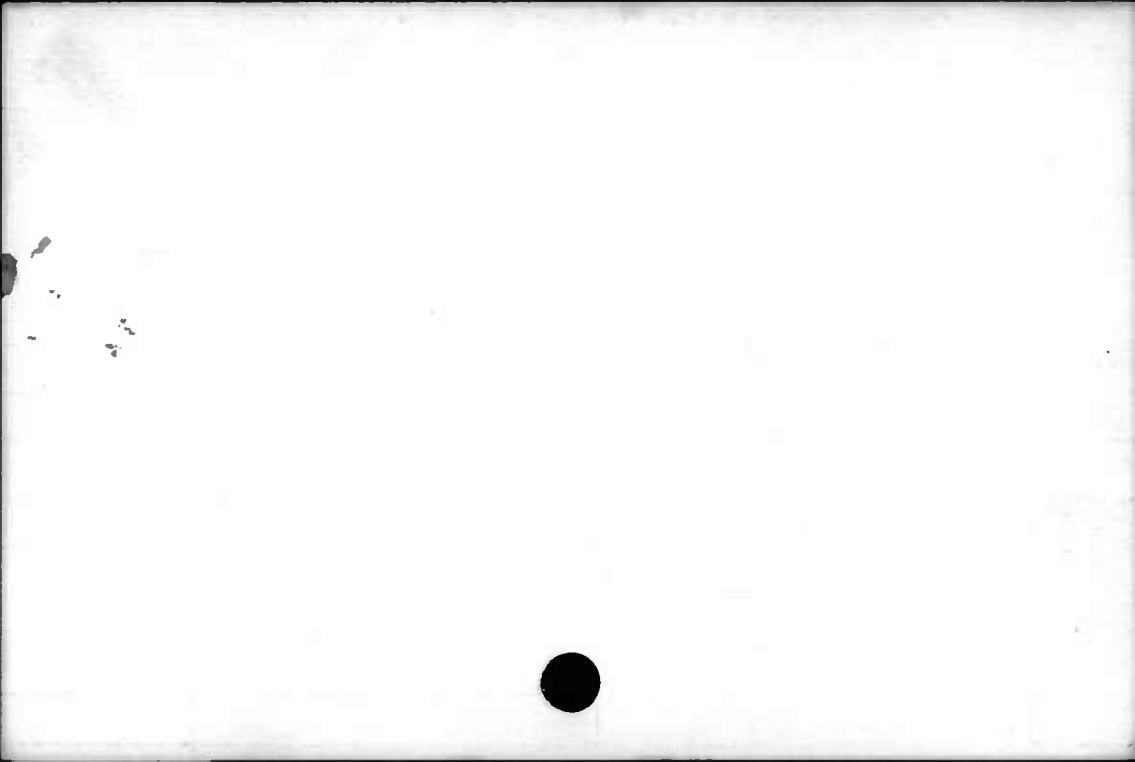
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumberland</i>		County <i>Allegany</i>		MARYLAND	
Date of death 1903	Month 3	Day 12	Age	Years	Months Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Cumberland</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband <i>J. W.</i>					
Father's Name <i>J. W. Banard.</i>			Father's Birthplace <i>Cumt'd</i>		
Mother's Maiden Name <i>Martha McKerrin</i>			Mother's Birthplace <i>Scotland</i>		
Name of person giving information <i>J. W. Banard</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Unknown</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. H. Klausburg</i>
	Address <i>Cumberland Md.</i>
Accident or Suicide?	





Name  
in  
Full

John Barnes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

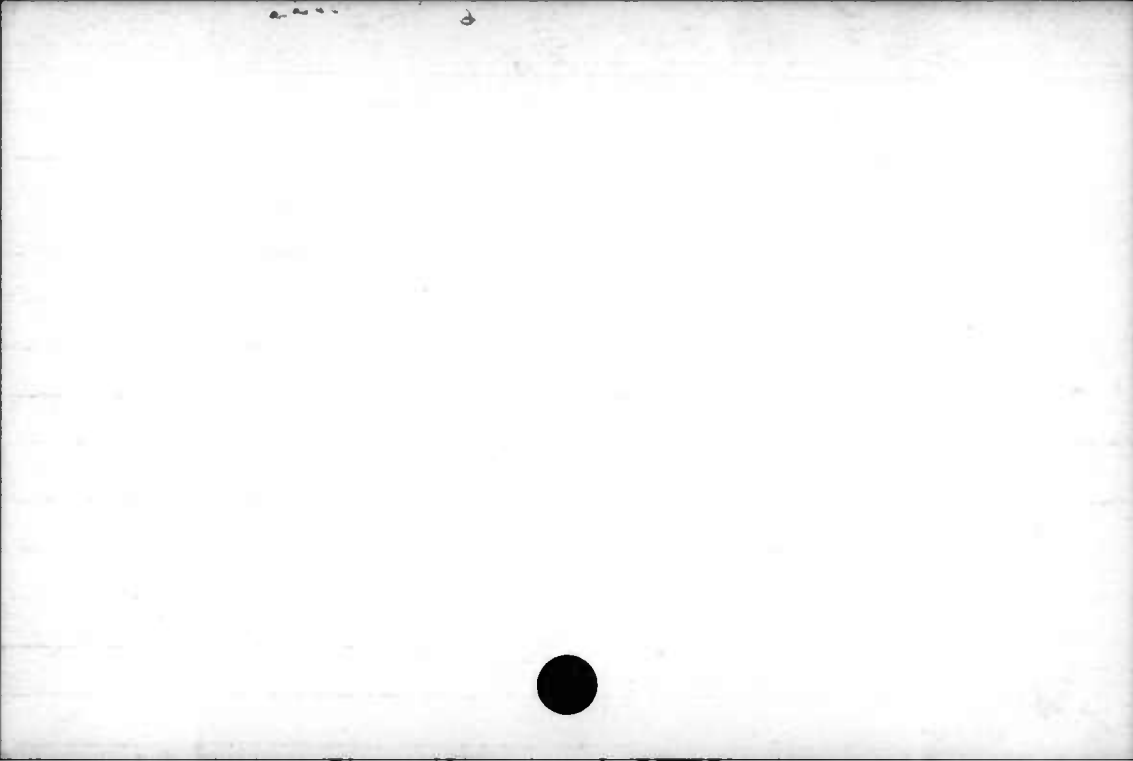
MARYLAND

Died at <i>Barton</i> Town			<i>Allegany</i> County		
Date of death 1903	Month <i>March</i>	Day <i>7</i>	Age <i>82</i> Years	Months <i>11</i>	Days <i>26</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Allegany Co</i>	
Married, Single or Widowed <i>Widowed</i>			Occupation <i>Farmer</i>		
Name of Wife or Husband					
Father's Name <i>William</i>			Father's Birthplace <i>Allegany Co</i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Wm. W. Barnes</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Prostatitis</i>	How long	<i>4 years</i>
Immediate	<i>Heart failure</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. A. Boucher</i>	
		Address <i>Barton Md</i>	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

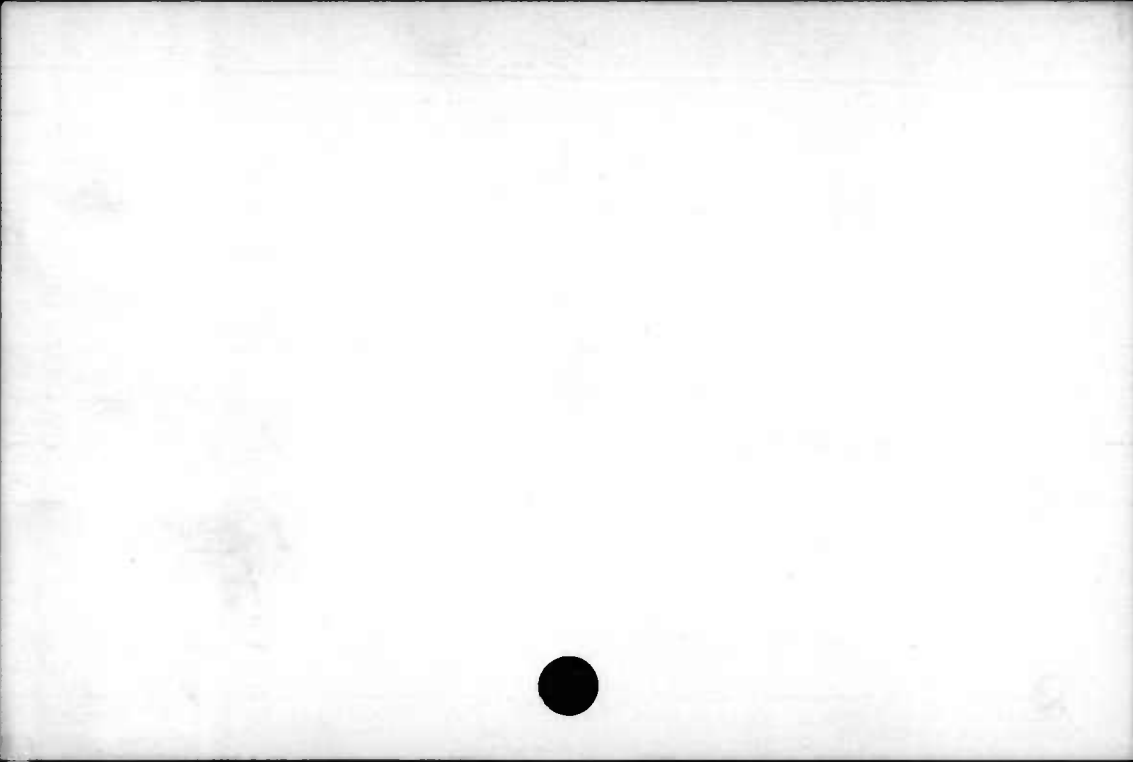
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Rock Bay</b>		County <b>Allegheny</b>		State <b>MARYLAND</b>	
Date of death 190 <b>3</b>		Month <b>Feb</b>	Day <b>17</b>	Age <b>30</b>	Years <b>30</b>
Sex <b>Female</b>	Color or Race <b>White</b>	Birth-place <b>Johnstown, Pa</b>			
Married, Single or Widowed <b>Single</b>	Occupation <b>Milliner</b>				
Name of Wife or Husband <b>_____</b>					
Father's Name <b>Mannis Boyle</b>			Father's Birthplace <b>Ireland</b>		
Mother's Maiden Name <b>Mary Barrett</b>			Mother's Birthplace <b>Mt. Savage, Md.</b>		
Name of person giving information <b>James E. Barrett</b>			How related to deceased <b>Uncle</b>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Phthisis</b>	How long <b>4 mos</b>
Immediate <b>Rt. Lobar pneumonia</b>	How long <b>3 days</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Edwood Luorles</b>
	Address <b>Mt. Savage, Md.</b>
Accident or Suicide? <b>_____</b>	



Name  
in  
Full

Mrs. Lora Brody,

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Frederick, Md.</u>		County _____		MARYLAND	
Date of death 190 <u>3</u>	Month <u>3</u>	Day <u>29</u>	Age <u>64</u>	Months _____	Days _____
Sex <u>Female</u>	Color or Race <u>W</u>		Birth-place <u>Ireland</u>		
Married, Single or Widowed <u>Married</u>		Occupation <u>Housewife</u>			
Name of <del>Wife</del> or Husband <u>Patrick Brady</u>					
Father's Name _____		Father's Birthplace <u>Ireland</u>			
Mother's Maiden Name _____		Mother's Birthplace <u>Ireland</u>			
Name of person giving information <u>James Brady</u>		How related to deceased <u>Son</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Cervical Carcinoma 42</u>	How long <u>1 yr.</u>
Immediate <u>Vaginal Hemorrhage</u>	How long <u>1 yr.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. M. Miller</u>
	Address <u>Frederick, Md.</u>
Accident or Suicide? <u>No</u>	

G.M.

Catholic Cemetery

Name  
in  
Full

Mrs. Mary Bondy

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Catonsville</i> <sup>Town</sup>		<i>Allegheny</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>8</i> <sup>Month</sup> <i>March</i> <sup>Day</sup> <i>30</i>		Age <i>72</i> <sup>Years</sup> <i>-</i> <sup>Months</sup> <i>-</i> <sup>Days</sup> <i>-</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>	
<input checked="" type="checkbox"/> Married, <input type="checkbox"/> Single <input checked="" type="checkbox"/> Widowed		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Michael Bondy</i>					
Father's Name <i>John Murphy</i>				Father's Birthplace <i>Ireland</i>	
Mother's Maiden Name <i>-</i>				Mother's Birthplace <i>Ireland</i>	
Name of person giving information <i>Thos. Coligan</i>				How related to deceased <i>son in law</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i> <i>66</i>		How long <i>one year</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>B. M. Coover</i>
		Address <i>Catonsville</i> <i>Md.</i>
<input checked="" type="checkbox"/> Accident or Suicide?		

C. F. Nickel

Cath. Com.

Catholic Com.



Name  
in  
Full

## CERTIFICATE OF DEATH

Cecilia Brailer

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Mt Savage* TownCounty *Ally*

Date

of death 190 *3*Month *Mch*Day *22*

Age

Years *74*Months *7*

Days

Sex

*Female*Color or  
Race*White*Birth-  
place*Hillingsburg Pa*Married, Single  
or Widowed*Widowed*

Occupation

*None*Name of Wife or  
Husband*Augustin Brailer*Father's  
Name*John Logsdon*Father's  
Birthplace☒Mother's  
Maiden Name*Patience Arnold*Mother's  
Birthplace☒Name of person giving  
In formation*David Brailer*How related  
to deceased*Son*

## CAUSES OF DEATH

Primary

*Albuminuria 120*

How long

*3 years*

Immediate

*Uraemic Gastritis*

How long

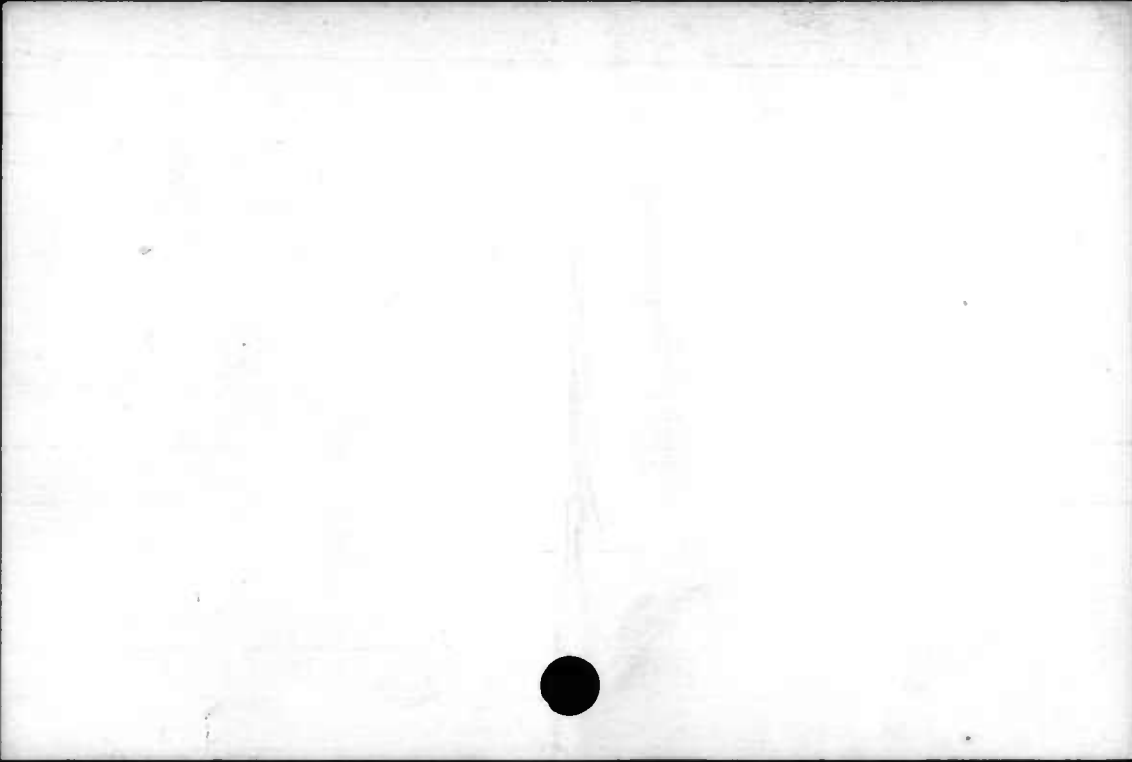
*2 weeks*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*D. P. L. Sommy*

Address

*Mt Savage Ally Co*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Infant Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1903		March	29				One
Sex		Color or Race		Birth-place			
Female		White		Gilmor			
Married, Single or Widowed		Single		Occupation			
Name of Wife or Husband				151			
Father's Name		Samuel Brown		Father's Birthplace		Scotland	
Mother's Maiden Name		Mary McKimmon		Mother's Birthplace		Scotland	
Name of person giving information		Miss Samuel Brown		How related to deceased		Mother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Protracted fever,	How long	12 hours
Immediate	Asphyxia	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. B. Skilling	
		Address	
		Lexington	
Accident or Suicide?			




Name in Full		Certificate of Death			
William Byers Jr.		Town		County	
Died at		Lonaconing		Allegany	
Date of death 190		3	Month	3	Day
Age		60	Years	—	Months
Sex		Male	Color or Race	White	Birth-place
Married, Single or Widowed		Married	Occupation	Surveyor	
Name of Wife or Husband		Margaret Byers			
Father's Name		Walter Byers	Father's Birthplace	Scotland	
Mother's Maiden Name		Jane Gordon	Mother's Birthplace	"	
Name of person giving information		Margaret Byers	How related to deceased	Wife	
CAUSES OF DEATH					
Primary		Erysipelas	How long	2 days	
Immediate		Convulsions (2)	How long	18	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	M. G. Fortin	
			Address	Lonaconing Md.	
Accident or Suicide?					

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

017013/25

Name in Full		George Chapman Sr.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Borden</i> <sup>Town</sup>		<i>Alligan</i> <sup>County</sup>		MARYLAND		
	Date of death 190 <i>3</i>	Month <i>3</i>	Day <i>12</i>	Age <i>58</i>	Months <i>—</i>	Days <i>—</i>	
	Sex <i>m</i>		Color or Race <i>w</i>		Birth- place <i>Ledland</i>		
	Married, Single or Widowed <i>unmarried</i>			Occupation <i>Salorutkeeper</i>			
	Name of Wife or Husband <i>Jane Chapman —</i>						
	Father's Name <i>—</i>				Father's Birthplace <i>—</i>		
	Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>		
	Name of person giving In formation <i>son</i>				How related to deceased <i>—</i>		
<div style="text-align: center;"> <b>CAUSES OF DEATH</b> <i>94</i> </div>							
PHYSICIAN OR CORONER	Primary <i>Emphysema - Pleurisy -</i>				How long <i>5 and yrs.</i>		
	Immediate <i>"</i>				How long <i>"</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>J. M. Price</i>		
	<div style="text-align: center;">  </div>				Address <i>Fordburg Md.</i>		
<div style="text-align: center;"> <b>Accident or Suicide?</b> </div>							

C. F. Weikel

Albany Co.



Name  
in  
Full

## CERTIFICATE OF DEATH

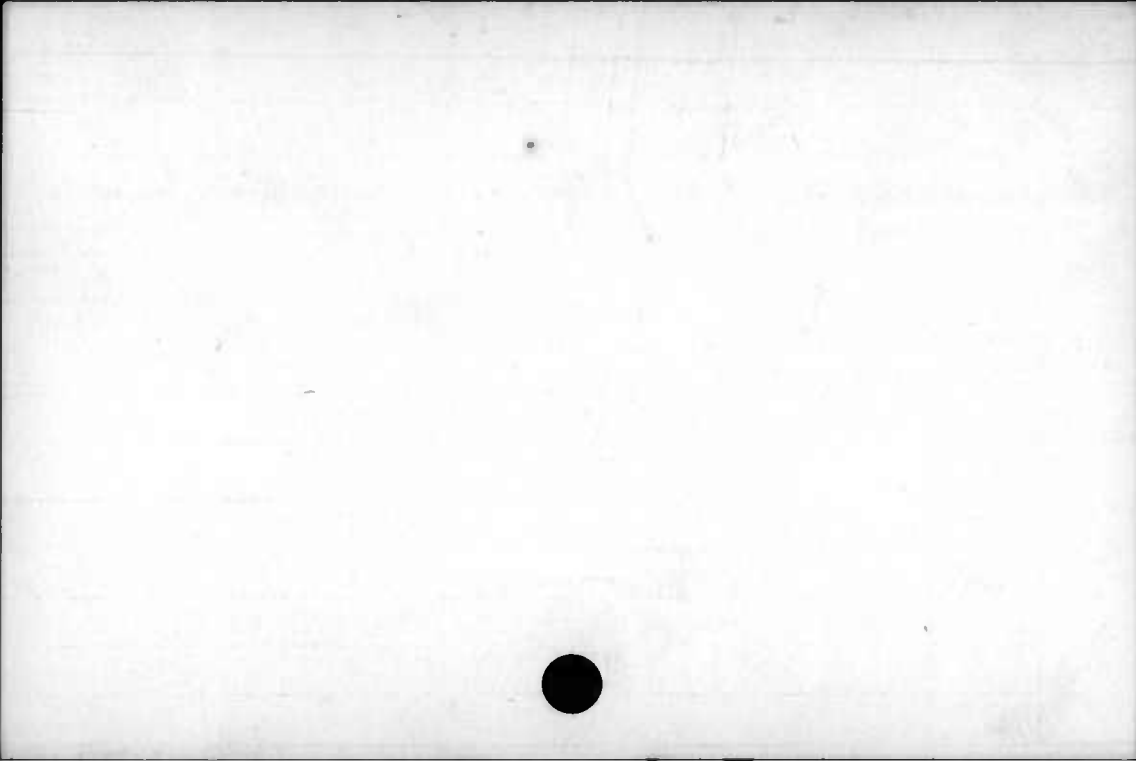
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Miss Oliver S. Cline</i>		Town <i>Loxacoming</i>		County <i>Allegheny</i>		MARYLAND	
Date of death 1903		Month <i>March</i>	Day <i>29</i>	Age <i>24</i>	Years	Months	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Loxacoming</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>Teacher</i>					
Name of Wife or Husband							
Father's Name <i>M. Frank Cline</i>				Father's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>Elizabeth S. Beal</i>				Mother's Birthplace <i>Allegheny Pa</i>			
Name of person giving information <i>M. Frank Cline</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>17 months</i>
Immediate <i>Asthma</i>	How long <i>Some months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. B. Skilling</i>
	Address <i>Loxacoming</i>
Accident or Suicide? <i></i>	



Name  
in  
Full

CERTIFICATE OF DEATH

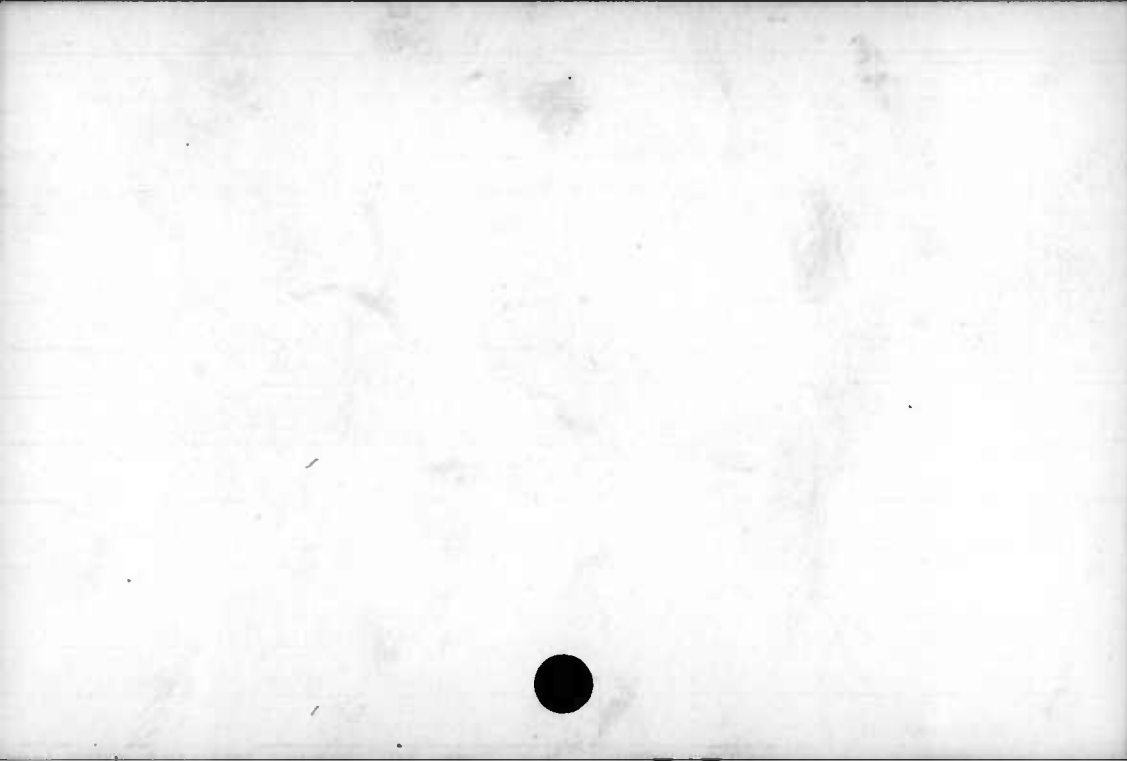
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Charles Edward Clupp</i>		Town <i>Lonaconing</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Died at <i>Lonaconing</i>		Date of death 190 <i>3</i>		Month <i>March</i>		Day <i>2</i>	
Age <i>28</i>		Years <i>23</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Lonaconing</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Miner</i>					
Name of Wife or Husband <i>—</i>		Father's Name <i>Anthony Clupp deceased</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>					
Name of person giving Information <i>—</i>		How related to deceased <i>—</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>		How long <i>3 weeks</i>	
Immediate <i>Intestinal Perforation</i>		How long <i>24 hrs</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. B. Skilling</i>	
		Address <i>Lonaconing</i>	
Accident or Suicide? <i>—</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Leamouth* <sup>Town</sup>*Allegheny* <sup>County</sup>

MARYLAND

Date of death 190 *3* Month *3* Day *28* Age *3* Years *4* Months *—* Days *—*Sex *Female* Color or Race *White* Birth-place *Leamouth*Married, Single or Widowed *—*Occupation *—*Name of Wife or Husband *—*Fether's Name *A. H. Eyer* Father's Birthplace  *Md*Mother's Maiden Name *Bertha Wolf* 167 Mother's Birthplace *"*Name of person giving information *—* How related to deceased *—*

## CAUSES OF DEATH

Primary *Dropsy* How long *12 hrs*Immediate *Shock* How long *12 "*Are the name, age, sex, color, date end place correctly given above? *yes*Signature of Physician *W. F. Turgg.*Address *Leamouth, Md.*Accident or Suicide? *Accident*



Name in Full		Peter Feldman				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Eckhart Mines	County Allegany	MARYLAND		
		Date of death 190		Month 3	Day 27	Years 69	Months Days	
		Sex		male		Color or Race	white	Birth- place
		Married, Single or Widowed		married		Occupation		Carpenter
		Name of Wife or Husband						
		Father's Name				Father's Birthplace		
		Mother's Maiden Name				Mother's Birthplace		
PHYSICIAN OR CORONER		Name of person giving information				How related to deceased		
		Jas. Feldman				Sonne		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Cancer of stomach				one year.		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?				yes		
PHYSICIAN OR CORONER		Signature of Physician				B. W. Cromwell		
		Address				Eckhart Mines Md.		
PHYSICIAN OR CORONER		Accident or Suicide?						

Is Mr

Catholic Cemetery



Mary E Fleckenstein

Town

County

MARYLAND

Died at Cumberland

allgemein

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

March 25

Age

1 5

null

clerk

☒ Male☐ White☒ Married☐ Widow☐ Divorced☐ Female☐ Colored☐ Single☐ Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name Adam Fleckenstein Maiden Name

Cause of

Primary

Meningitis

How long sick

30 days

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

James W. [unclear]

Address

Cumberland null

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Hammer*

Town

County

MARYLAND

Died at *Townsville**Allegheny*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 *03**March 13*

Age

*1**neg**child*

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widow

Number of children living

*1*

Husband of

Wife

Father's

Name

*Charles & Fanny*

Mother's

Maiden Name

*Editta Ray*

Cause of

Primary

*Premature (5 1/2 months)*

How long sick

Death

Immediate

*151*

Accident, Suicide, Homicide

Reported by

*J. M. Wilson*

Address

*Townsville*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Robert E. Gillespie

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

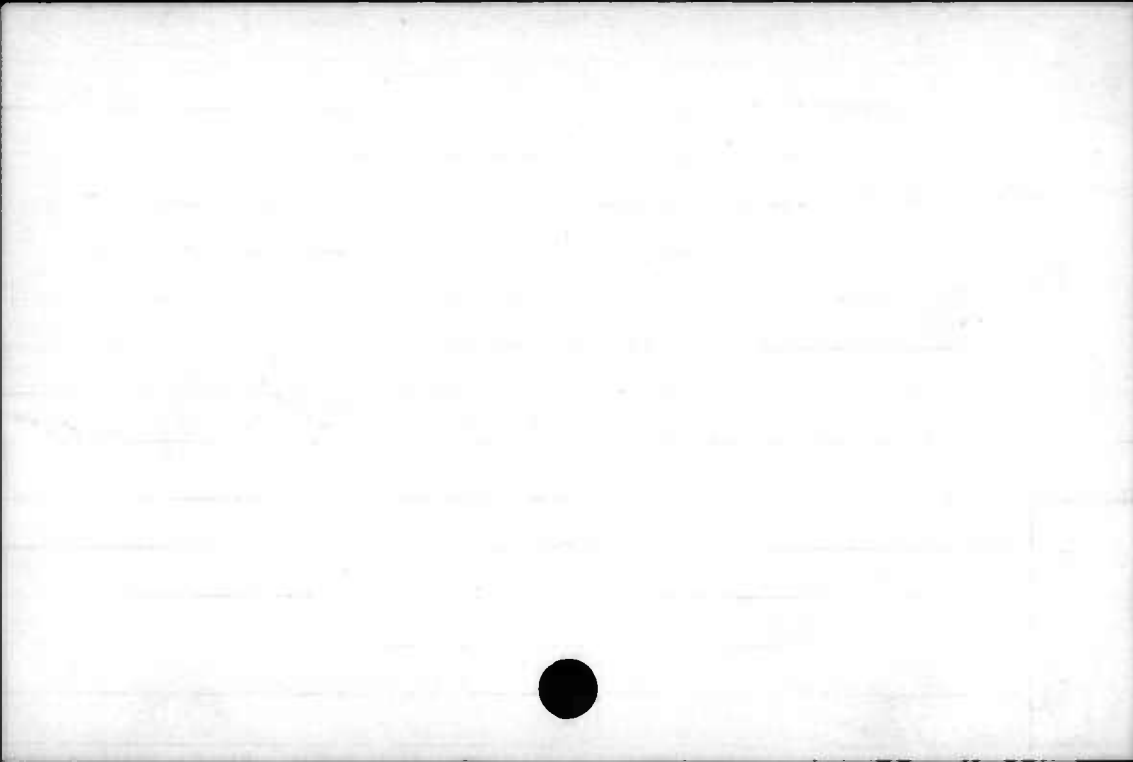
Died at <i>Cumberland</i> <sup>Town</sup>		<i>Allegheny</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>9</i>	Month <i>Mich</i>	Day <i>25</i>	Age <i>20</i> <sup>Years</sup>	Months <i>4</i>	Days <i>20</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Washington Co., Pa</i>	
<del>Married</del> , Single <del>or Widowed</del>		Occupation <i>Stenographer</i>			
Name of Wife or Husband _____					
Father's Name <i>John T. Gillespie</i>			Father's Birthplace <i>Pa.</i>		
Mother's Maiden Name <i>Mathilda J. Zimmer</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>J. Frank Gillespie</i>			How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	<i>Perforation of Stomach</i>	How long	<i>Don't know</i>
Immediate	<i>Hemorrhage - exhaustion</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>James J. Johnson, M.D.</i>	
<i>Yes</i>		Address <i>Cumberland Maryland</i>	
Accident or Suicide? _____			



Name  
in  
Full

## CERTIFICATE OF DEATH

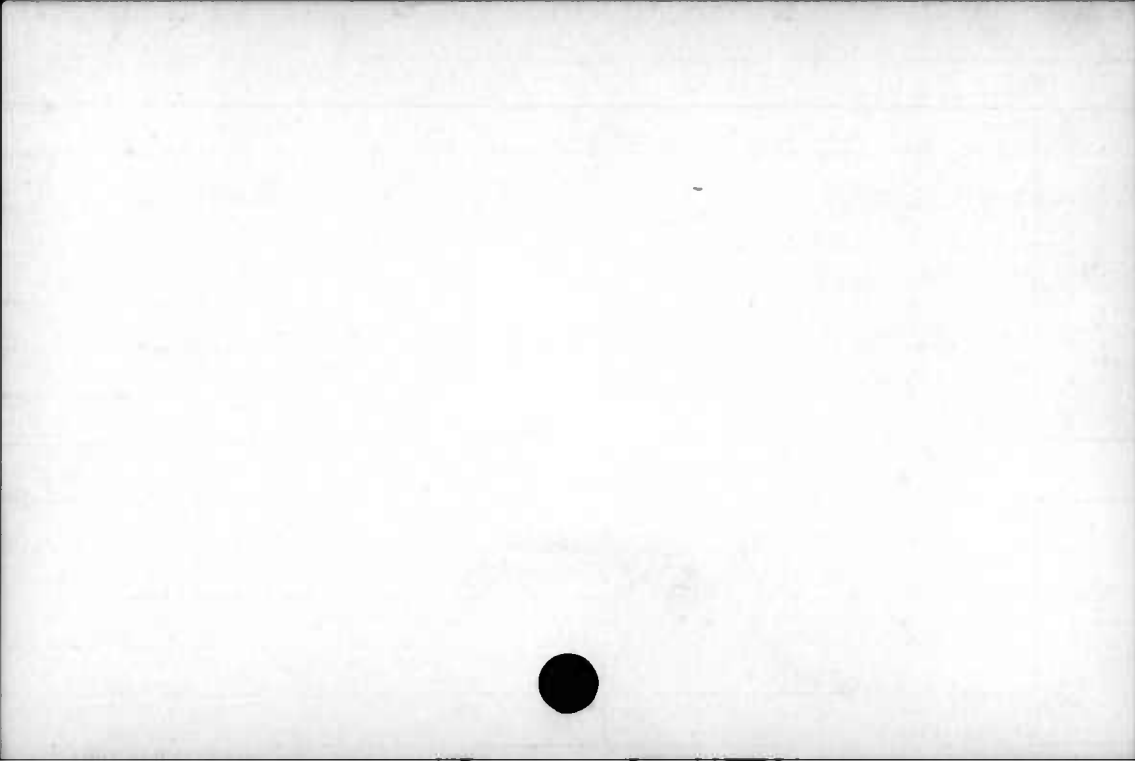
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Laurensburg</i> Town <i>Allegany</i> County		MARYLAND	
Date of death 190 <i>0</i>	Month <i>March</i>	Day <i>18</i>	Age <i>26</i> Years Months Days
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Petersburg W Va</i>	
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>		
Name of Wife or Husband <i>Harry Gray</i>			
Father's Name <i>Hiram Washington</i>	Father's Birthplace <i>W Va</i>		
Mother's Maiden Name <i>Not given</i>	Mother's Birthplace <i>Not given</i>		
Name of person giving information <i>Harry Gray</i>	How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>Nine months</i>
Immediate <i>Asthma</i>	How long <i>A few weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W B Skilling</i>
	Address <i>Laurensburg</i>
Accident or Suicide? <i>No</i>	





Name  
in  
Full

Bertha Lee Hammond

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903

March

6<sup>th</sup>

Age

24

Sex

Female

Color or  
Race

White

Birth-  
place

Md

Married, Single  
or Widowed

Single

Occupation

—

Name of Wife or  
Husband

—

Father's  
Name

Eugene Hammond

Father's  
Birthplace

Md

Mother's  
Maiden Name

Minnie C. Welch

Mother's  
Birthplace

Va

Name of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

Heart Disease

How long

1 yr

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

79

Signature of  
Physician

Address

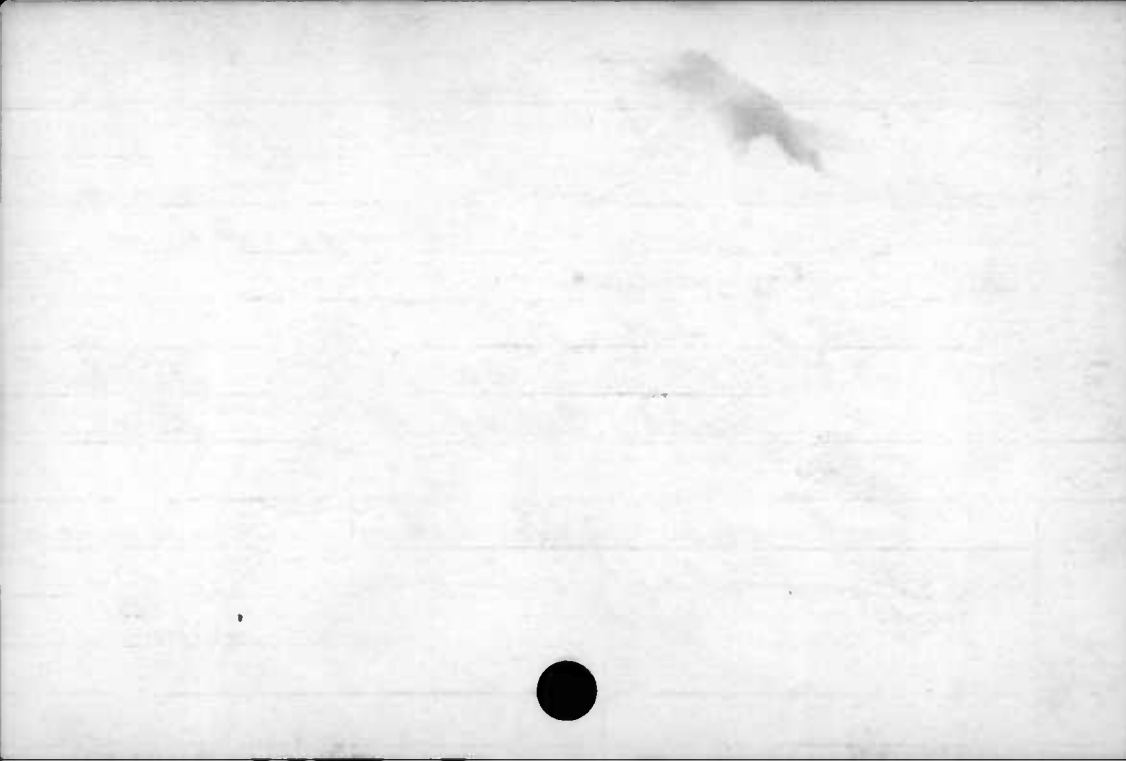
J M Spear  
Crown Point Md

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name in Full <b>Edgar Leslie Garland Hill</b>		Town <b>Cumberland</b>		County		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <b>Cumberland</b>		MAYLAND				
		Date of death <b>1903</b>	Month <b>March</b>	Day <b>15</b>	Age <b>—</b>	Years <b>—</b>	Months <b>1</b>	Days <b>6</b>
		Sex <b>Male</b>	Color or Race <b>white</b>	Birth-place <b>City</b>				
		Married, Single or Widowed <b>—</b>		Occupation <b>—</b>				
		Name of Wife or Husband <b>—</b>						
		Father's Name <b>Nelson Hill</b>						
Father's Birthplace <b>Va</b>		Mother's Maiden Name <b>Sollie Hill</b>						
Mother's Birthplace <b>W Va</b>		Name of person giving information <b>Lillie Hill</b>						
How related to deceased <b>aunt</b>								
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <b>Hereditary Syphilis 30.</b>				How long <b>Life</b>		
		Immediate <b>Constriction of aorta</b>				How long <b>3 days</b>		
		Are the name, age, sex, color, date and place correctly given above? <b>yes</b>				Signature of Physician <b>Geo. L. Broadup</b>		
						Address <b>100 Va Ave</b>		
		Accident or Suicide?				<b>Cumberland Md.</b>		



Name in Full

Certificate of Death

Name in Full **Mrs Ida Stillman**  
 Town **Cumby** County **Allea.**  
 Died at **MARYLAND**

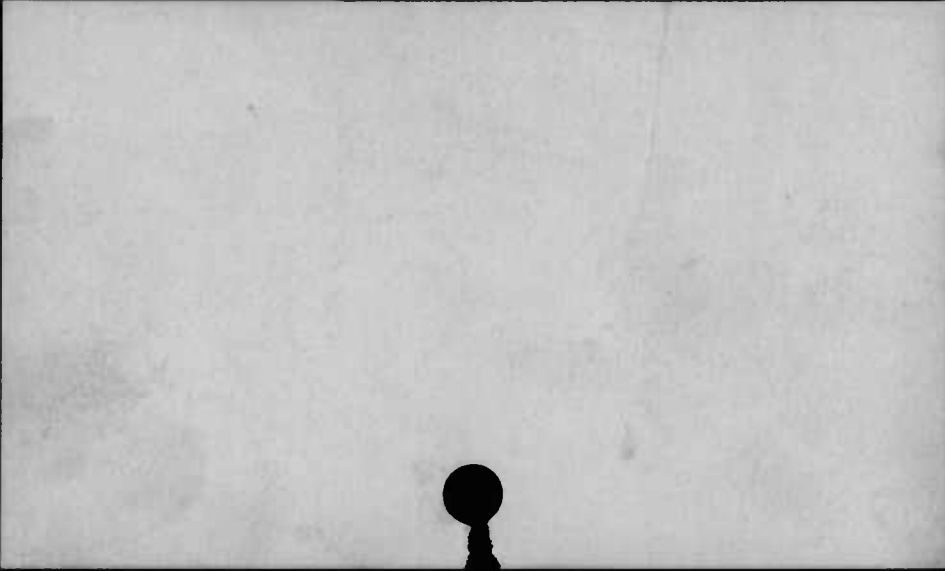
Date **1903** Month **Mar** Day **17** Y. **37** M. **6** D. **0** Native of **Pa** Occupation **Stw**  
 Male ☒ White ☒ Married ☒ Widowed ☒  
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living **0**

Husband of **Richd P. Stillman**  
 Wife **—**  
 Father's Name **Jno. Boyle** Mother's Maiden Name **Annie Hayward**

Cause of Death **Primary** **Dancer** **45** How long sick **11 yrs**  
**Immediate** **Dropsy** **—** Accident, Suicide, Homicide

Reported by **Edw. Bracer M.D.**  
 Address **Cumby Md**

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

William James

CERTIFICATE OF DEATH

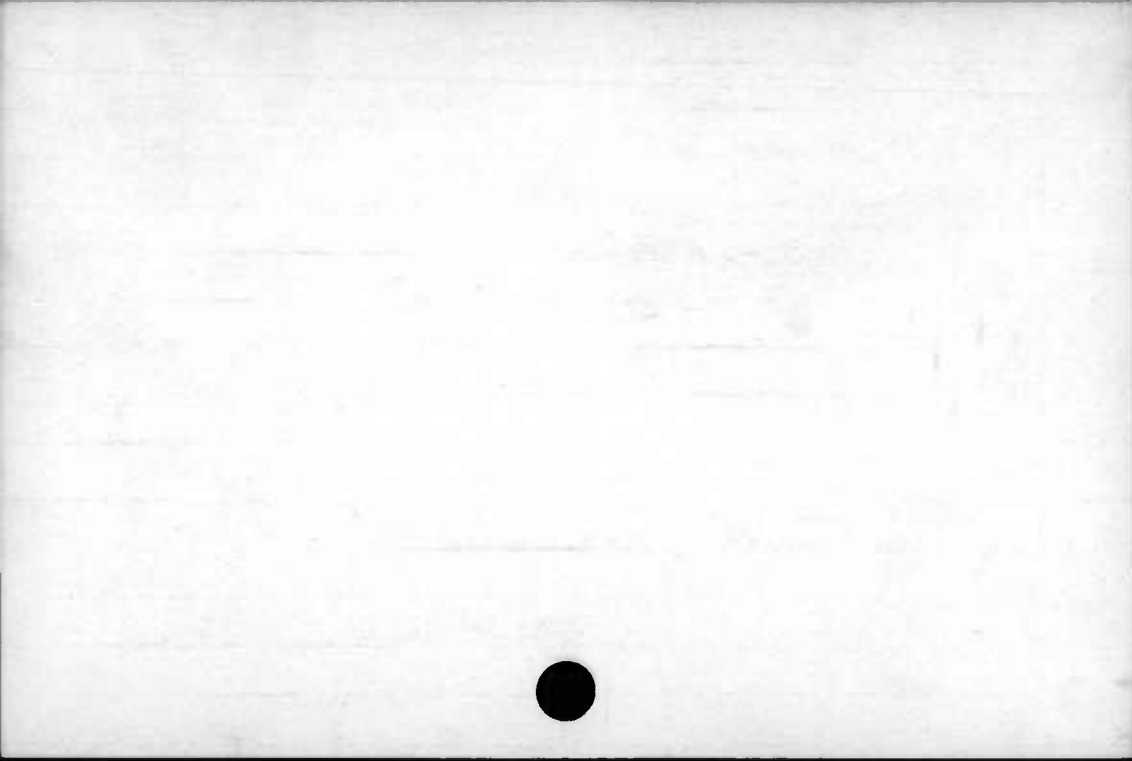
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Cumberland		County		Allegany		MARYLAND	
Date of death 190		3	Month	24	Day	Age	5-2	Months	Days
Sex		M		Color or Race		White		Birth-place	
Married, Single or Widowed		Single		Occupation		Messenger.			
Name of Wife or Husband									
Father's Name						Father's Birthplace			
Mother's Maiden Name						Mother's Birthplace			
Name of person giving information						120			
						How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Chronic Nephritis		How long		9 or 10 Mo.	
Immediate		Uremia		How long		36 hours	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
				Arthur H. Hawkins			
				Address			
Accident or Suicide?							





Name  
in  
Full

*Eraline Johnson*

CERTIFICATE OF DEATH

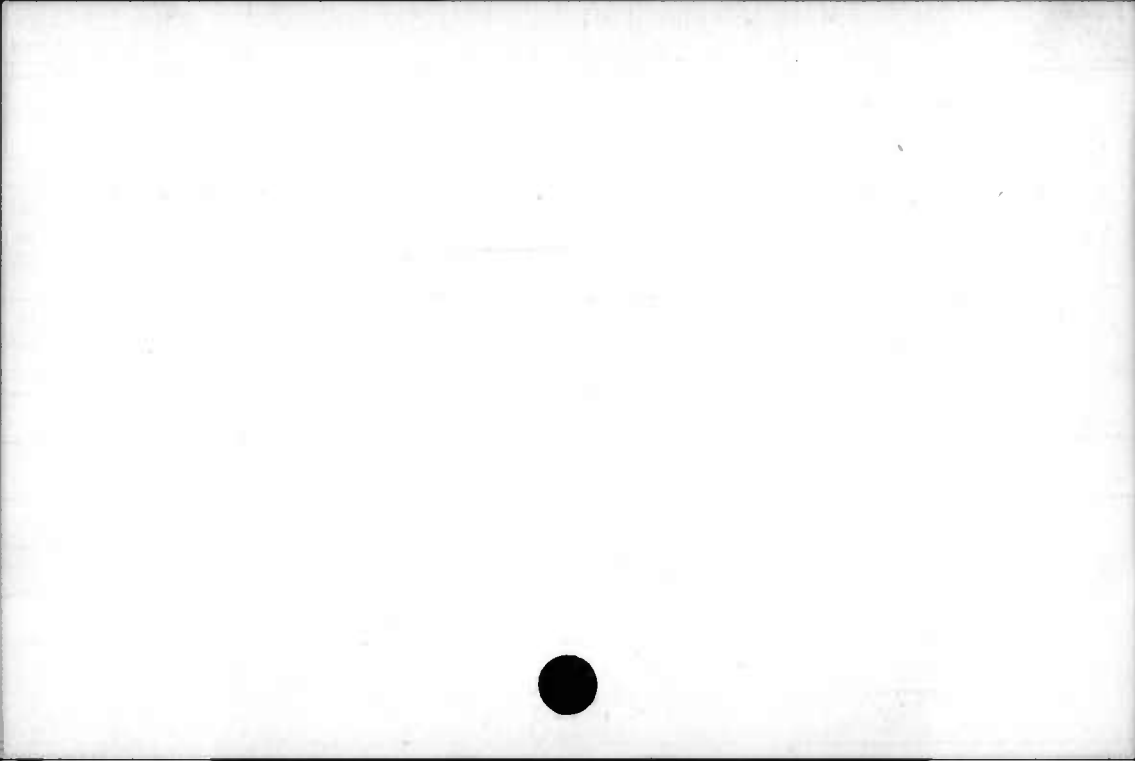
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumtland</i> <sup>Town</sup>		<i>Allegheny</i> <sup>County</sup>		MARYLAND	
Date of death <i>1903</i>	Month <i>Mar</i>	Day <i>13</i>	Age <i>86</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>—</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>La Grippe + Exhaustion</i>	How long
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C H Brace</i>
		Address <i>Cumtland</i>
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mapleside</i> <sup>Town</sup>		<i>Allegheny</i> <sup>County</sup>		MARYLAND		
Date of death 1903	Month <i>Mar</i>	Day <i>26</i>	Age <i>6</i>	Years <i>0</i>	Months <i>0</i>	Days <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Mapleside Pa</i>			
Married, Single or Widowed _____			Occupation _____			
Name of Wife or Husband _____						
Father's Name <i>Chas B Kabosky</i>			Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Julia A Bealky</i>			Mother's Birthplace <i>"</i>			
Name of person giving information <i>Perance</i>			How related to deceased <i>Perance</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Shillbom</i>	How long <i>1</i>
Immediate _____	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. L. Boudry M.D.</i>
_____	Address <i>100 Va ave</i>
Accident or Suicide? <i>No</i>	<i>Centerville Pa</i>



Susan Keller

Town

County

Died at

Frostburg,

Allegheny

MARYLAND

Date 1903 March 6

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903 March 6

Age 65 - -

U. S.

H. N.

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 2

~~Wife~~ of

Joseph Keller

Wife

Father's

Name

Brooks

Mother's

Maiden Name

Mrs -

Augustine

Cause of

Primary

Metastatic carcinoma

abdominal  
viscera

How long sick

One year

Death

Immediate

asthenia

41

~~Accident, Suicide, Homicide~~

Reported by

Thomson, D. Mauley

Address

Frostburg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

C. H. N.  
C. H. N.

Name  
in  
Full

## CERTIFICATE OF DEATH

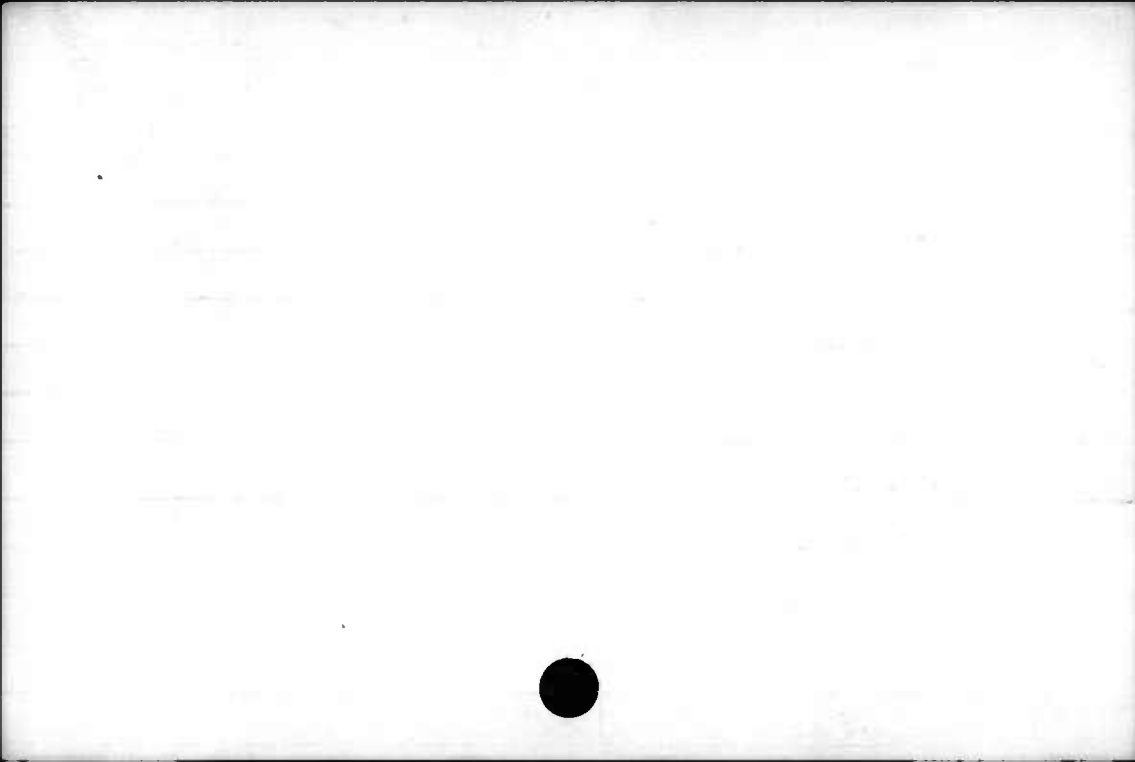
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Root Kempth</i> <i>Cumberland</i> <small>Town</small>		<i>Allegheny</i> <small>County</small>		MARYLAND	
Date of death 1903	Month <i>9</i>	Day <i>3</i>	Age <i>30</i>	Years <i>30</i>	Months <i>0</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth- place <i>unknown</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Laborer</i>			
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information <i>Himself</i>				How related to deceased <i>166</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>By accident</i>	How long <i>4 days</i>
Immediate <i>Blood poisoning</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J.M. Spear</i>
	Address <i>Cumberland Md</i>
Accident or Suicide <i>Accident</i>	





Name In Full

Certificate of Death

Infant Child of Frank King  
 Died at Beltsville Prince Georges MARYLAND

Date 19 13 Month 3 Day 22 Age 1 Y. M. D. Native of                      Occupation                     

Male                      White                      Married                      Widow                      ~~Divorced~~  
 Female                      Colored                      Single                      Widower                      ~~Number of children living~~

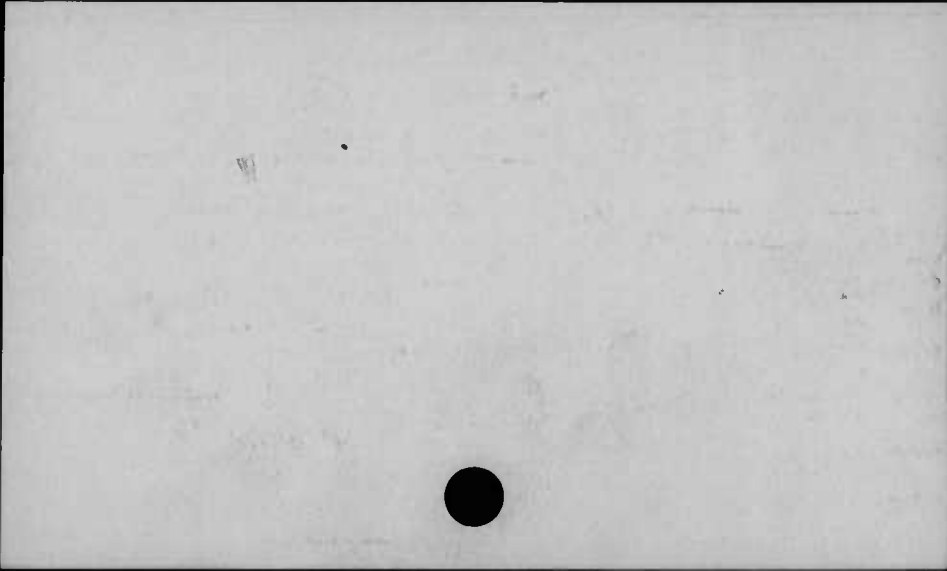
Husband of                       
 Wife                       
 Father's Name Frank King Mother's Name Lillian Robb  
 Maiden Name Lillian Robb

Cause of Death { Primary Still Born How long sick                       
 Immediate                      Accident, Suicide, Homicide                     

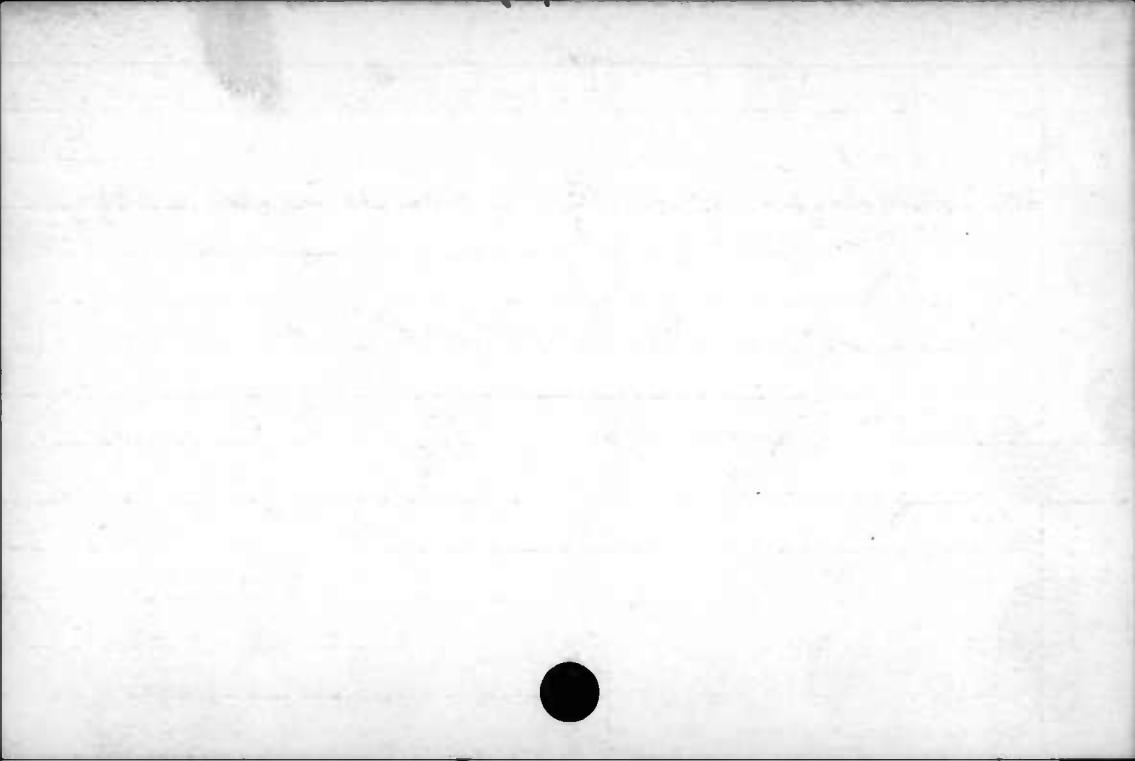
Reported by M. J. King  
 Address                     

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name in Full		Mrs. Mary Kreighbaum				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Cumberland		County	
		Died at		Cumberland		County	
		Date of death 1903		Month		Day	
		Age		76		Months	
		Sex		Female		Color or Race	
		Birth-place		Md.		Occupation	
		Married, Single or Widowed		Widow		Name of <del>Wife</del> or Husband	
Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace	
Name of person giving information		How related to deceased					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Heart failure		How long	
		Immediate		Apnoea		How long	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
		Accident or Suicide?		M. H. Stansbury		Cumberland Md.	



Name  
in  
Full

John Lilly.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mt Savage</i> Town			County <i>Allegheny</i>			MARYLAND		
Date of death 190 <i>3</i>		Month <i>3</i>	Day <i>11</i>	Age <i>57</i>	Years	Months <i>10</i>	Days <i>7</i>	
Sex <i>Male</i>			Color or Race <i>White</i>			Birth-place <i>Mt. Savage Md</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Railroader</i>					
Name of Wife or Husband <i>Sarah Elizabeth Lilly</i>								
Father's Name <i>Joshua Lilly</i>					Father's Birthplace <i>Ellicott City Md</i>			
Mother's Maiden Name <i>Jessie Loggston</i>					Mother's Birthplace <i>Pennsylvania</i>			
Name of person giving information <i>Edward J. Lilly</i>					How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>XX</i>	How long <i>A few minutes</i>
Immediate <i>Apoplexy</i>	How long <i>Few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Edward Inoues MD</i>
	Address <i>Mt. Savage Md</i>
Accident or Suicide?	

C. F. N.

Cathl Cere

Ut Savage?

Name  
in  
Full

Chas H. Logsdon

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Mt Savage <sup>County</sup> Alleg

Date of death 190 <sup>Month</sup> 3 <sup>Day</sup> 16 Age <sup>Years</sup> 20 <sup>Months</sup> <sup>Days</sup>

Sex <sup>Male</sup> Color or Race <sup>White</sup> Birth-place <sup>Croftsville</sup>

Married, Single or Widowed <sup>Single</sup> Occupation

Name of Wife or Husband

Father's Name <sup>Musack Logsdon</sup> Father's Birthplace <sup>Mt Savage</sup>

Mother's Maiden Name <sup>Marion Spellman</sup> Mother's Birthplace <sup>Cum b'd</sup>

Name of person giving In formation <sup>Musack Logsdon</sup> How related to deceased <sup>Father</sup>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

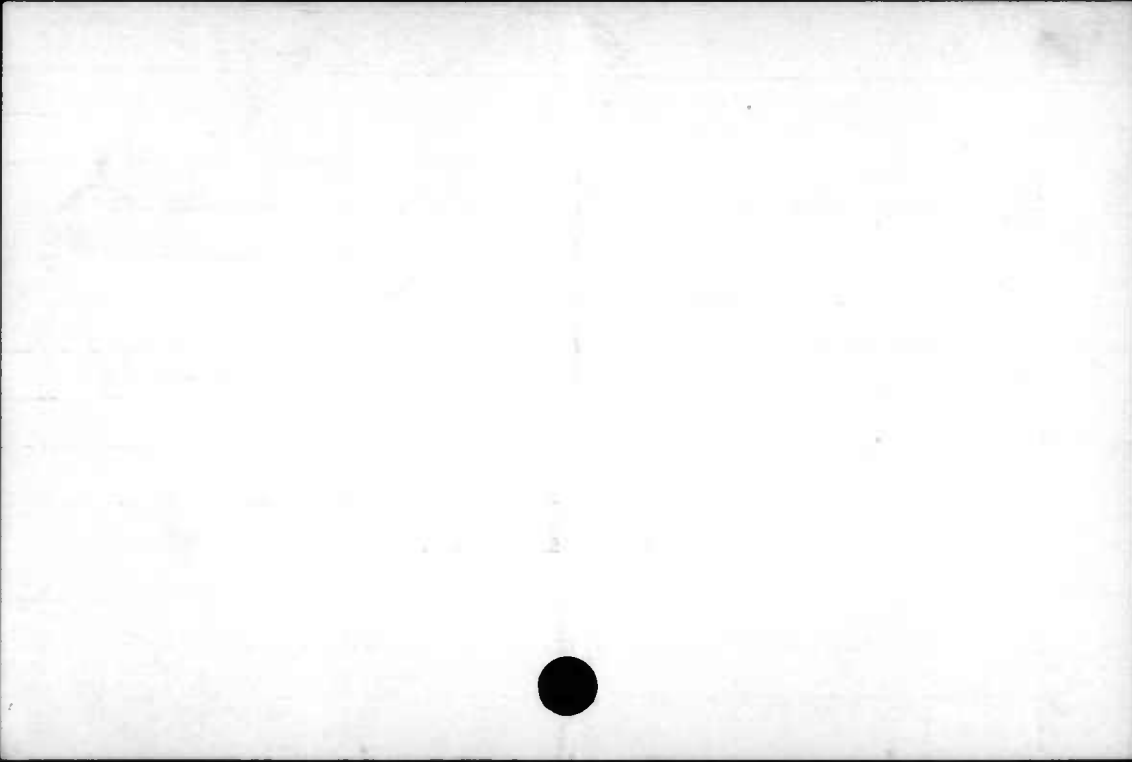
Primary <sup>Pulmonary Tuberculosis</sup> How long <sup>2 years</sup>

Immediate

Are the name, age, sex, color, date and place correctly given above? <sup>yes</sup>

Signature of Physician <sup>W. P. L. Somers</sup> Address <sup>Mt Savage Alleg</sup>

Accident or Suicide?





Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Jessie Hattie Leona McAtee

Died at So Cumberland <sup>Town</sup>Allegheny <sup>County</sup>

MARYLAND

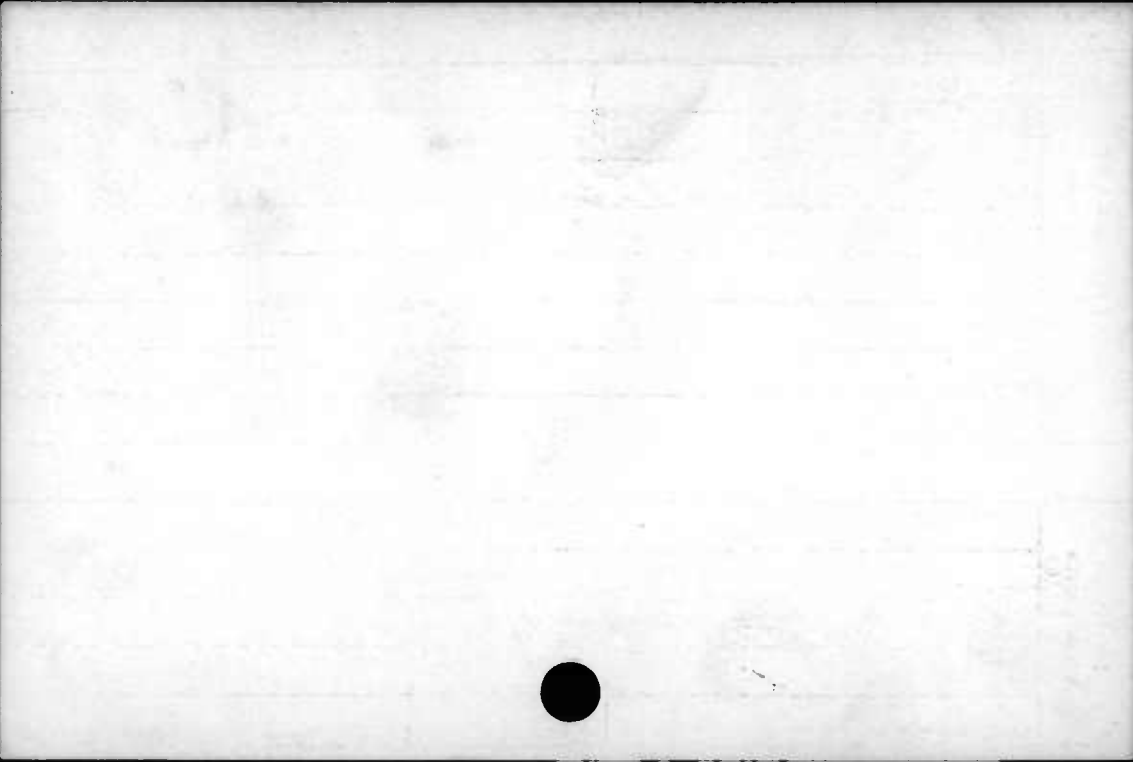
Date of death 1903 Mar <sup>Month</sup> 16 <sup>Day</sup> Age — <sup>Years</sup> 6 <sup>Months</sup> 9 <sup>Days</sup>Sex Female Color or Race White Birth-place So Cumberland MdMarried, Single or Widowed — Occupation —

Name of Wife or Husband

Father's Name John E. McAteeFather's Birthplace W. VirginiaMother's Maiden Name Harriet R. GrossMother's Birthplace W. Va.Name of person giving information John E. McAteeHow related to deceased Father

## CAUSES OF DEATH

Primary Pneumonia 93How long 1 1/2 weeksImmediate ExhaustionHow long 1 dayAre the name, age, sex, color, date and place correctly given above? yesSignature of Physician Geo. L. BroadnaxAddress 100 Va aveAccident or Suicide? NoCumberland MdPHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

Elizabeth Metzger  
 Town County

Died at

Cumference accipuy

MARYLAND

Date 1903

March 11  
 Month Day

Age 67  
 Y. M. D.

Native of

Germany

Occupation

widow

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 3

Husband of  
 Wife

Philip Metzger

Father's  
 Name

Mother's

Maiden Name

27

Cause of

Primary

Pneumonia

How long sick

about five years

Death

Immediate

exhaustion

Accident, Suicide, Homicide

Reported by

J. J. J. J. J.

Address

Cumference accipuy

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John Samuel Miller		Died at		Allegany		MARYLAND	
Date of death 1903		Month March		Day 8		Age 24	
Sex Male		Color or Race White		Birth-place Sonawoning Md.		Months 11	
Married, Single or Widowed Single		Occupation None					
Name of Wife or Husband							
Father's Name Melita Miller		Father's Birthplace Allegany Co.					
Mother's Maiden Name Mary Murphy		Mother's Birthplace Pennsylvania					
Name of person giving information Mrs. Josiah Metz		How related to deceased Aunt					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Epilepsy		How long 16 years	
Immediate Convulsions & coma Status epilepticus 4 days		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician M. Gibson Fortin	
		Address Sonawoning Md.	
Accident or Suicide? No.			



Elmer Mongan

Town

County

MARYLAND

Died at

Cumberland

Allegany

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

3

29

Age

27

Ma

Engineer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband  
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Ry accident

166

How long sick

2 days

Death

Immediate

Shock

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

J. M. Fears

Address

Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

## CERTIFICATE OF DEATH

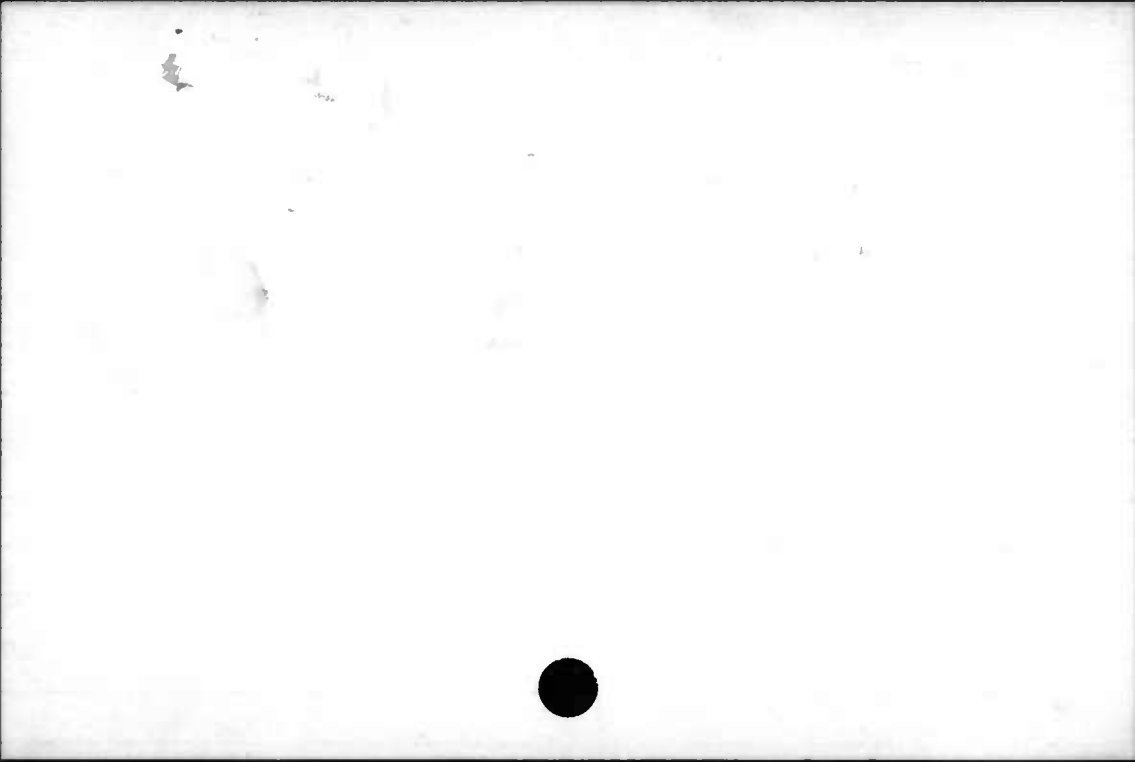
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pinto</i> <sup>Town</sup>		County <i>Allegany</i>		MARYLAND	
Date of death 1903	Month <i>Mar</i>	Day <i>6<sup>th</sup></i>	Age <i>25</i> Years	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>Coloured</i>		Birth-place <i>N. Carolina</i>		
Married, Single or Widowed <i>Single</i>	Occupation <i>Laborer</i>				
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i><del>Consumption</del> Dropsy</i>	How long <i>-</i>
Immediate <i>Heart Disease</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>[Signature]</i>
	Address <i>[Signature]</i>
Accident or Suicide?	



Name  
in Full

Miss Ida Moppin

## CERTIFICATE OF DEATH

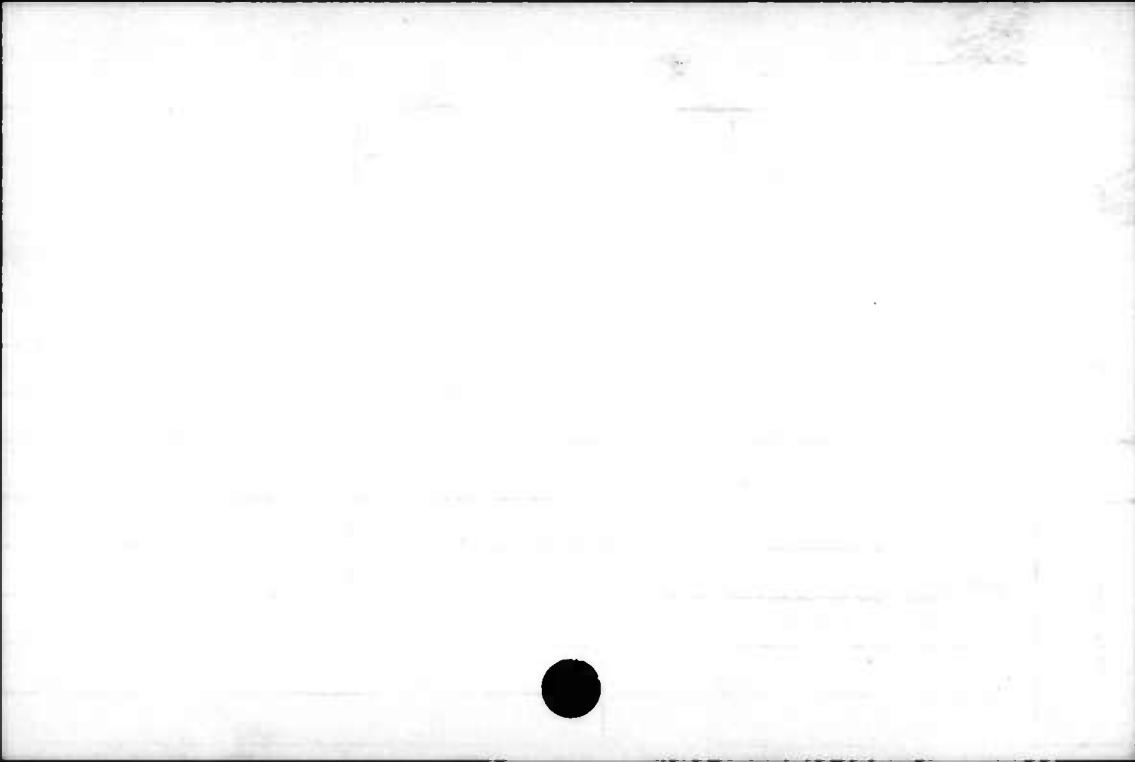
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death 1903		Month March	Day 26	Age 27	Years	Months	Days
Sex Female	Color or Race White		Birth- place Clark Co. Virginia				
Married, Single or Widowed Single		Occupation Dressmaker					
Name of Wife or Husband							
Father's Name Jack Moppin				Father's Birthplace Va			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information John A Merriam				How related to deceased No Relation			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis 27	How long	6 months
Immediate	Exhaustion.	How long	6 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. M. Spear	
Yes		Address	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sonscoming</i> Town		County <i>Alleghany</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>March</i>	Day <i>1</i>	Age Years <i>35</i>	Months <i>none</i>	Days <i>no</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Scotland</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Saloon keeper</i>			
Name of Wife or Husband <i>Cennie Marks</i>					
Father's Name <i>James D. Nelson</i>			Father's Birthplace <i>Scotland</i>		
Mother's Maiden Name <i>Flora St. Clair (Sinclair)</i>			Mother's Birthplace <i>Scotland</i>		
Name of person giving information <i>Annie Nelson</i>			How related to deceased <i>Wife</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bright's disease</i>	How long <i>2 weeks</i>
Immediate <i>Uremia Heart failure</i>	How long <i>10 hours -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James C. Bullock</i>
	Address <i>Sonscoming, Maryland</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

Belma R. Metz

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumtland</i> <sup>Town</sup>		<i>Allegheny</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>March</i>	Day <i>24</i>	Age <i>7</i>	Years <i>7</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>—</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Geo H. Metz</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Mary Thompson</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving In formation <i>Geo H. Metz</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 weeks</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. W. M. M. M.</i>
	Address <i>Cumtland Ind</i>
Accident or Suicide? <i>—</i>	

Make one for the  
child in Dilly-st.



Dr Charles H Chr

Town

County

Died at *Cambridge* *Accompany* MARYLAND

Date 19 <i>03</i>	Month <i>March</i>	Day <i>3</i>	Y. <i>92</i>	M. <i>92</i>	D. <i>92</i>	Native of <i>Cambridge</i>	Occupation <i>Physician</i>
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living <i>1</i>			

Husband of

Wife

Father's

Mother's

Name

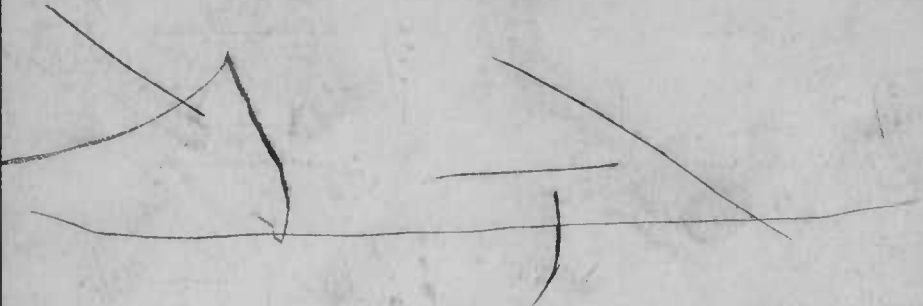
Maiden Name

Cause of Death	Primary	<i>Paralysis</i>	How long sick	<i>About two years</i>
	Immediate	<i>Exhaustion</i>	<i>66</i>	<i>Accident, Suicide, Homicide</i>

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Peter 9/9 Pietro Pahcasov

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumberland</u> <small>Town</small>		<u>Allegheny</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	<u>8</u> <small>Month</small>	<u>1</u> <small>Day</small>	Age <u>35</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Italy</u>			
Married, Single or Widowed <u>Single</u>	Occupation <u>Laborer</u>				
Name of Wife or Husband <u>—</u>			Father's Birthplace		
Father's Name			Mother's Birthplace		
Mother's Maiden Name			How related to deceased		
Name of person giving information <u>Dr. Fredlock</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Crushed skull</u>	How long <u>24 h</u>
Immediate <u>Coma</u>	How long <u>24 h</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J.M. Spear</u>
	Address <u>Cumberland</u>
Accident <u>—</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mrs Catharine Runkles

Died at <i>Cumberland</i>			County <i>Allegheny</i>			MARYLAND	
Date of death 1903	Month <i>3</i>	Day <i>4</i>	Age <i>58</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place				
Married, Single or Widowed <i>maimed</i>			Occupation <i>House wife</i>				
Name of Wife or Husband <i>Thomas Runkles</i>							
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information <i>Bessie Runkles</i>						How related to deceased <i>Daughter</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cancer</i>	How long <i>45</i>	How long <i>About 3 years</i>
Immediate <i>Exhaustion</i>		
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. [unclear]</i>	
	Address <i>Cumberland</i>	
Accident or Suicide? <i>—</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>infant Perry Scott</i>		Town <i>Camtad</i>		County <i>Washington</i>		MARYLAND	
Died at		Date of death 190 <i>3</i>		Month <i>3</i>	Day <i>6</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Male.</i>		Color or Race <i>colored</i>		Birth-place <i>Camtad</i>		Months <i>—</i>	Days <i>2</i>
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Perry Scott</i>				Father's Birthplace <i>Camtad.</i>			
Mother's Maiden Name <i>cora "</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Perry Scott</i>				How related to deceased <i>Father</i>			

#67 ann St.

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Hemorrhage</i>	How long <i>157</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Thompson</i>
	Address <i>—</i>
Accident or Suicide?	





Name  
in  
Full

*E. D. Sharpe*

CERTIFICATE OF DEATH

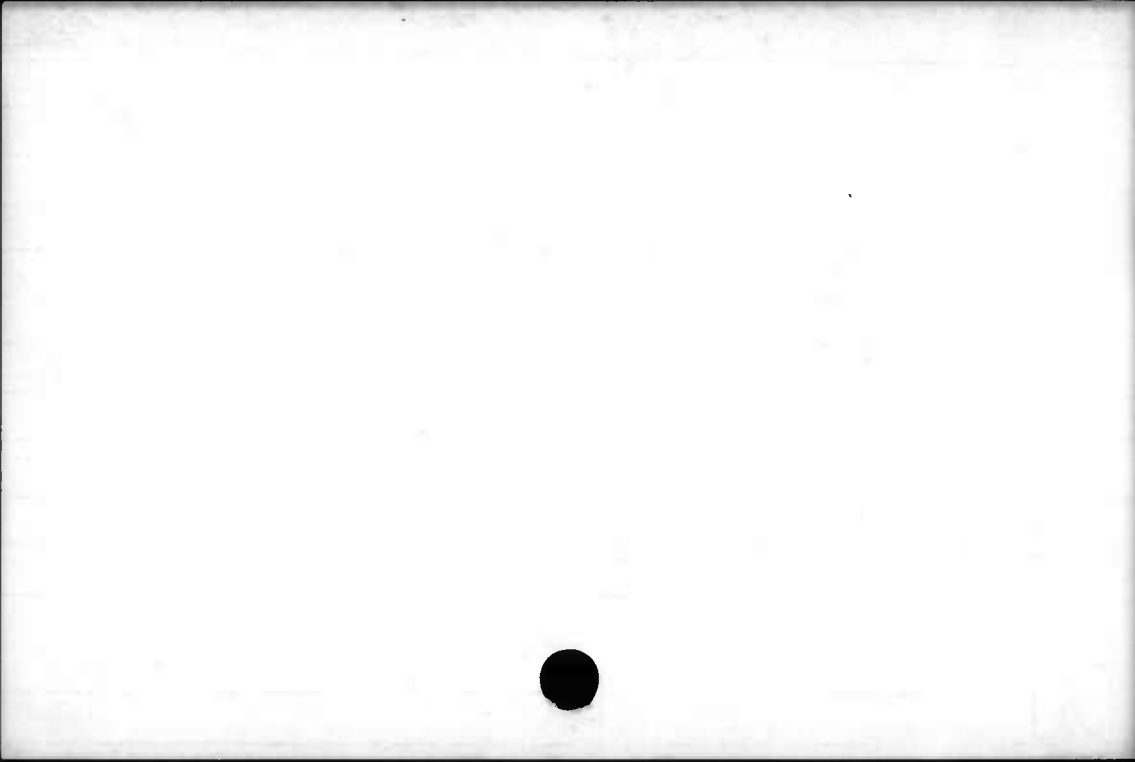
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumberland</i> <sup>Town</sup> <i>Sevier</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>3</i>	Day <i>5</i>	Age <i>30</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>W. Va</i>	
Married, Single or Widowed <i>Married</i>	Occupation <i>R. R. Engineer</i>		
Name of Wife or Husband _____			
Father's Name _____		Father's Birthplace _____	
Mother's Maiden Name _____		Mother's Birthplace _____	
Name of person giving information _____		How related to deceased _____	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Railroad Accident</i>	How long <i>4 hours</i>
Immediate <i>Shock</i>	How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. F. Twigg</i>
	Address <i>Cumberland</i>
Accident or Suicide? <i>—</i>	<i>W. F.</i>



Name in Full

Certificate of Death

Jno M. Smith

Town

County

MARYLAND

Died at Frostburg

Alley

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Mar 23

Age 70

Irish Miner

Male

White

Married

~~Widow~~~~Divorced~~

Number of children living

~~Colored~~~~Single~~

Widower

Husband of

~~Wife~~

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Chronic Bronchitis

How long sick

Death

Immediate

Cardiac Asthma

Accident, Suicide, Homicide

Reported by

D J Giffelt

Address

Frostburg

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

507m

all young County

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

John Herman Smith		Town		County		MARYLAND	
Died at Cumberland		Allegany					
Date of death 1903		Month 3		Day 30		Years 27	
Sex male		Color or Race White		Birth-place Cumberland		Months — Days —	
Married, Single or Widowed		Occupation		Shoe maker			
Name of Wife or Husband							
Father's Name John Smith		Father's Birthplace Cumberland					
Mother's Maiden Name Mary Hubbard		Mother's Birthplace Cumberland					
Name of person giving information Louis Stein.		How related to deceased		niece			

## CAUSES OF DEATH

Primary	Phthisis Pulmonalis	How long	About three years
Immediate	Pulmonary Hemorrhage	How long	a few hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. H. Harrison	
		Address Cumberland md	
Accident or Suicide?			



Name in Full

Certificate of Death

Mary Smith

Town

County

Died at

Cumberland

Allegheny

MARYLAND

Date

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Sept. 23

Age

9

And

Schoolgirl

~~Male~~~~White~~~~Marr'd~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Charles Sanders

Mother's

Name

Sallie Smith

Cause of

Primary

Typhoid fever

How long sick

4 wks

Death

Immediate

Chancrion

~~Accident, Suicide, Homicide~~

Reported by

H. H. Stansbury

Address



Cumberland, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968





Name  
in  
Full

Emmie Virginia Florence Snyder

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Cumberland

Date

Month

Day

Years

Months

Days

of death 1903

March

23

Age 37

6

20

Sex

Female

Color or  
Race

White

Birth-  
place

Cumberland Md.

Married, Single  
or Widowed

Married

Occupation

House Wife

Name of ~~Wife~~  
Husband

Henry F. Snyder

Father's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formation

Henry F. Snyder

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Tuberculosis Pulmonum

How long

1 Yr

Immediate

Pneumonia

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

E. L. Broadbent M.D.

100 Virginia Av

Cumberland Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

2



Name  
in  
Full

Amos H. Streett

## CERTIFICATE OF DEATH

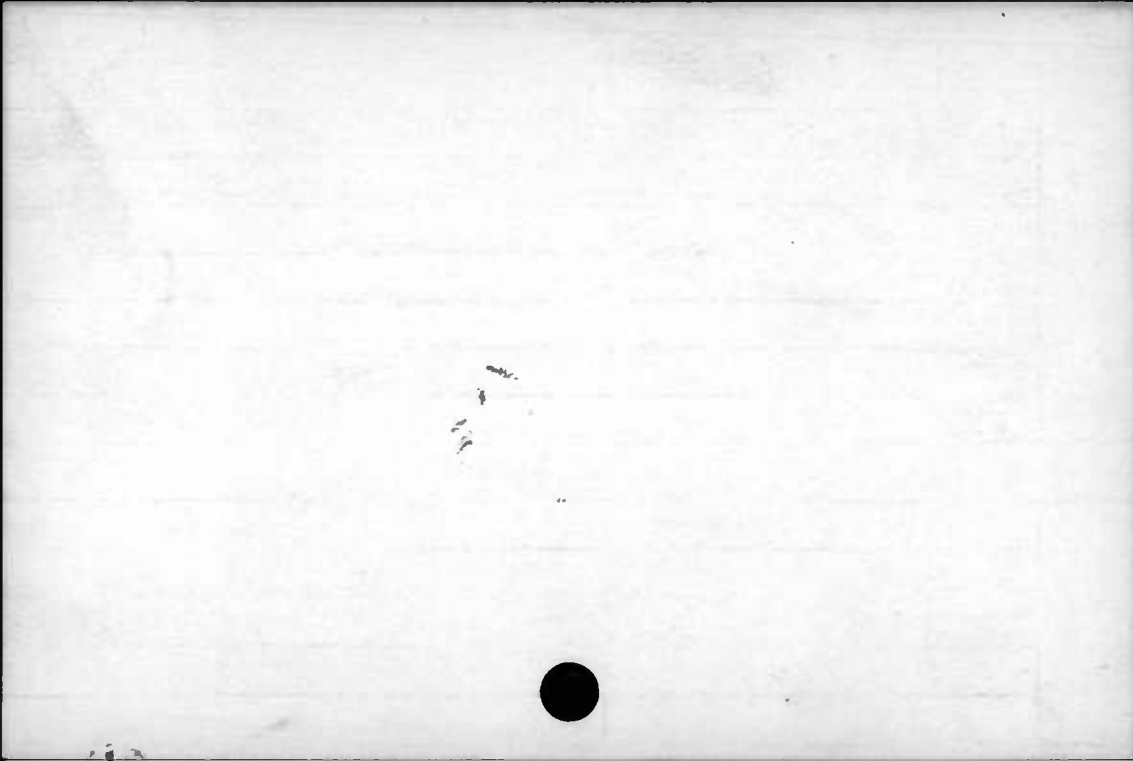
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumberland</u>		Town		County		MARYLAND	
Date of death 1903	Month <u>Mar.</u>	Day <u>25</u>	Age <u>65</u>	Years	Months <u>8</u>	Days <u>24</u>	
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore Md</u>				
Married, Single or Widowed <u>Married</u>	Occupation <u>Brick Layer</u>						
Name of Wife or <u>Rachael C. Good</u>							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <u>Rachael C. Streett</u>				How related to deceased <u>Wife</u>			

## CAUSES OF DEATH

Primary <u>Apoplexy</u>	How long <u>6 Mos</u>
Immediate <u>Exhaustion from 2d attack</u>	How long <u>immediate death</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. L. Braden</u>
	Address <u>1007a Ave</u>
Accident or Suicide? <u>No</u>	<u>Cumberland Md.</u>

PHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

03 Mar 10 Age 11 1/2 MD None

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband  
of

Wife

Father's  
Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Donacoming</i>		Town <i>Donacoming</i>		County <i>Alligany</i>		MARYLAND	
Date of death 190	<i>3</i>	Month <i>March</i>	Day <i>26</i>	Age <i>89</i>	Years <i>10</i>	Months <i>4</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>England</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Miner</i>					
Name of Wife or <del>husband</del> <i>Hancy Jessdale</i>							
Father's Name <i>Not known</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Jas. Jessdale Jr.</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senility</i>	How long <i>—</i>
Immediate <i>(over)</i>	How long <i>154</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. J. Fortin</i>
	Address <i>Donacoming Md.</i>
Accident or Suicide? <i>No</i>	

Ate nothing for ten days but  
could not make out any cause  
for death other than similitude.  
No autopsy.



Name  
in  
Full

Ella Duckworth Thomas

## CERTIFICATE OF DEATH

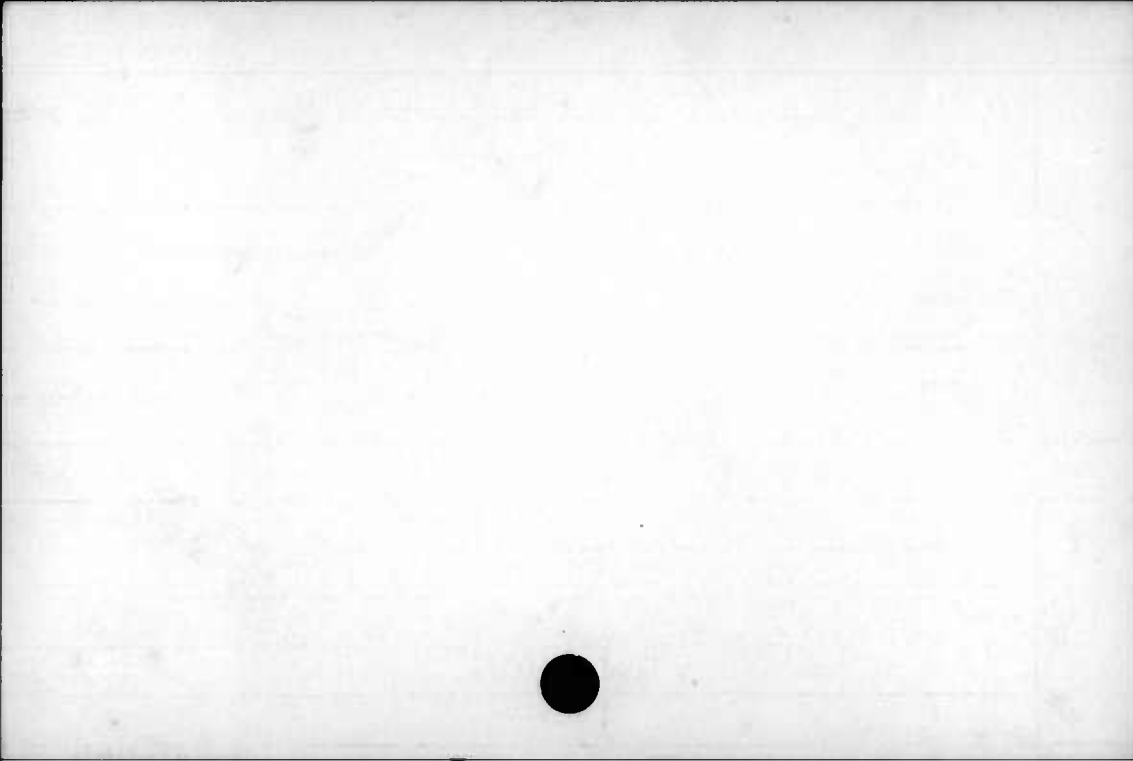
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Donacoring</i>		<sup>County</sup> <i>Alleghany</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>March</i>	Day <i>10</i>	Age <i>41</i>	Years <i>9</i>	Months <i>12</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Donacoring Md</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>—</i>				
Name of Wife or Husband <i>Harry Thomas</i>			Father's Birthplace <i>Barton Maryland</i>		
Father's Name <i>Simon Duckworth</i>			Mother's Birthplace <i>Nova Scotia</i>		
Mother's Maiden Name <i>Jennie Hutchinson</i>			How related to deceased <i>Husband</i>		
Name of person giving information <i>Harry Thomas 120</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Bright's Disease</i>	How long <i>4 1/2 years 8 mos.</i>
<i>Edema of Lungs</i>	How long <i>12 days</i>
Immediate <i>Edema of Lungs</i>	<i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. Gibson, D.D.</i>
	Address <i>Donacoring Md.</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Alvin Nightingale Waddell

## CERTIFICATE OF DEATH

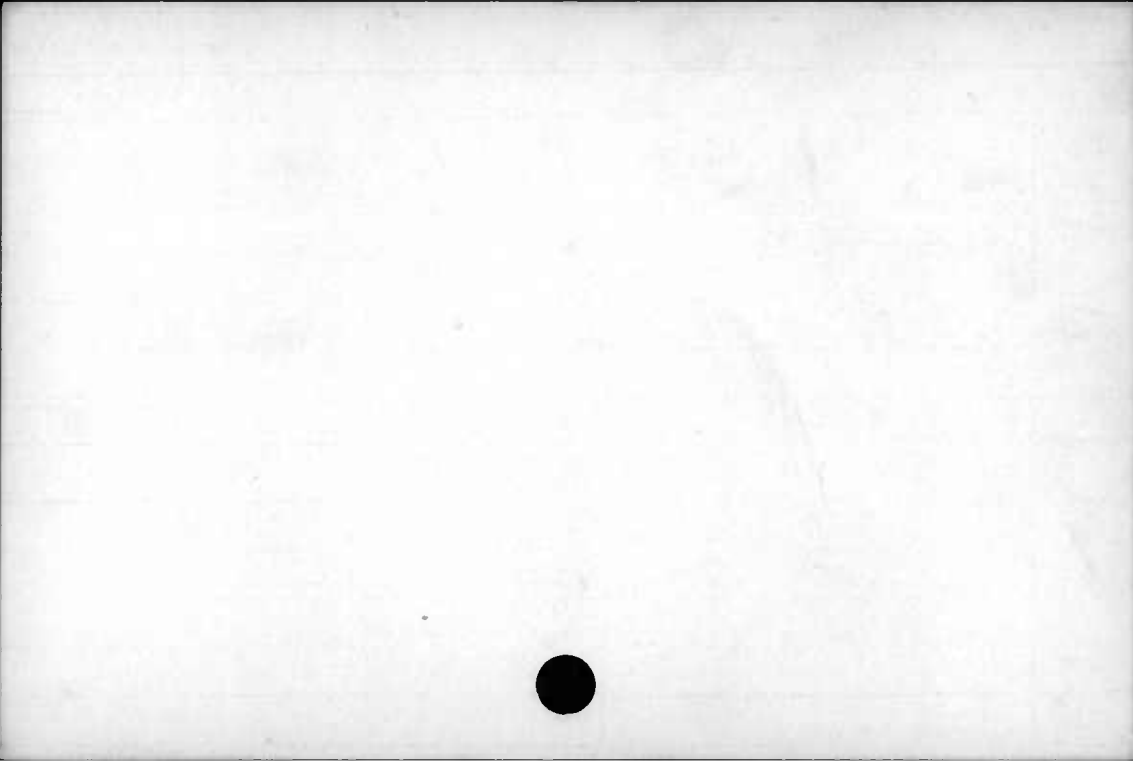
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Sonacoring</u> <sup>Town</sup>		<u>Allegany</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	<u>March</u> <sup>Month</sup>	<u>15</u> <sup>Day</sup>	<u>—</u> <sup>Years</sup>	<u>11</u> <sup>Months</sup>	<u>29</u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Sonacoring Md</u>		
Married, Single or Widowed <u>Single</u>			Occupation		
Name of Wife or Husband					
Father's Name <u>Robert Waddell</u>			Father's Birthplace <u>Scotland</u>		
Mother's Maiden Name <u>Mary Nightingale</u>			Mother's Birthplace <u>Middleland Md</u>		
Name of person giving information <u>Mary Waddell</u>			How related to deceased <u>Mother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Acute Meningitis</u>	How long <u>4 days</u>
Immediate <u>Convulsions</u>	How long <u>12 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>M. Gibson Fortin</u>
	Address <u>Sonacoring Md</u>
Accident or Suicide? <u>No</u>	



Name  
in  
Full

John Walberg

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Eckhart Mines</i>		County <i>Allegheny</i>		MARYLAND	
Date of death 190	3	Month	<i>Feb</i>	Day	9	Age	about 43
Sex	<i>Male</i>		Color or Race	<i>white</i>		Birth-place	<i>Sweden</i>
Married, <del>Single</del> <del>or Widowed</del>				Occupation <i>Miner</i>			
Name of Wife or Husband				<i>Kate Walberg nee Orsk</i>			
Father's Name				<i>166</i>		Father's Birthplace	
Mother's Maiden Name				<i>166</i>		Mother's Birthplace	
Name of person giving information				<i>Martin Zavoieski</i>		How related to deceased <i>by marriage</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Rupture of bladder</i>		How long	<i>lived about 5 hours</i>
Immediate	<i>Coal fell on him</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>B. W. Gornwall m. d.</i>	
			Address <i>Eckhart Mines</i>	
Accident <del>or</del>			<i>ms.</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

George. B. Waller

Town

County

MARYLAND

Died at

Carlass Jewels

Allegany

Date

of death 1903

Month

3

Day

8

Years

Age

45

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Wales. W.

Married, Single  
or Widowed

Occupation

Miner

Name of Wife or  
Husband

Caroline Keefe  
George B. Waller

Father's  
Name

George. Waller

Father's  
Birthplace

Wales. W.

Mother's  
Maiden Name

Long

Mother's  
Birthplace

Name of person giving  
In formation

74

How related  
to deceased

CAUSES OF DEATH

Primary

Vertigo

How long

Not-known

Immediate

Strongly affected by falling into  
water

How long

" "

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Dr. Kilgore White  
Midland Twp.

Accident or Suicide?

Accident

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Stm

allington County -



Name  
in  
Full

Edith Wilson

## CERTIFICATE OF DEATH

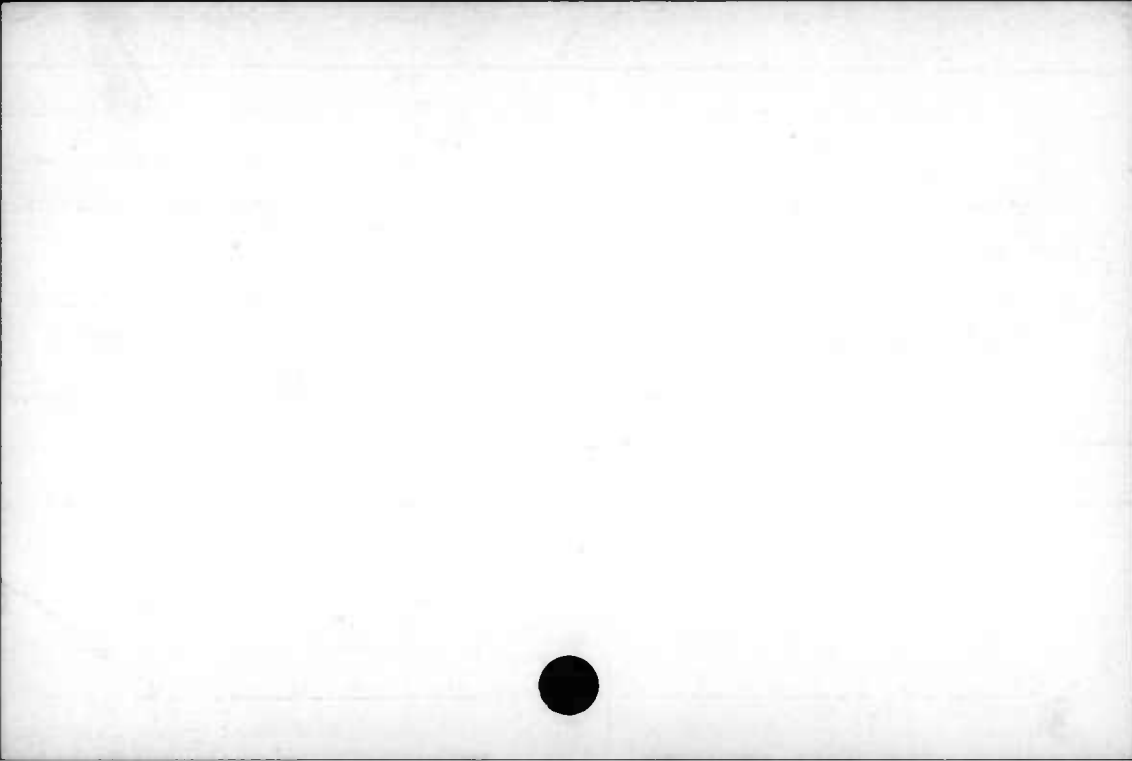
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> near Old Town		<sup>County</sup> Allegany		MARYLAND			
Date of death 190	3	Month March	Day 28	Age	Years 6	Months 6	Days 90
Sex female	Color or Race white		Birth-place Maryland				
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name Warfield Wilson			Father's Birthplace Ind				
Mother's Maiden Name Annie Deters			Mother's Birthplace W. Va				
Name of person giving information L. V. Harbaugh			How related to deceased Physician				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Enteric fever	How long	about one week
Immediate	Intestinal Hemorrhage	How long	one day
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician L. V. Harbaugh, M.D.	
		Address Old Town	
Accident or Suicide?			



Name  
in  
Full

Clifton Wise

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Cumberland		County		Allegany		—		MARYLAND	
Date of death 1903		Month 3		Day 9 <sup>th</sup>		Years 22		Months —		Days —	
Sex		Male		Color or Race		White		Birth-place		Paw Paw W. Va.	
Married, Single or Widowed		Single		Occupation		Confectioner					
Name of Wife or Husband											
Father's Name						Marshal Wise					
Father's Birthplace						Maryland					
Mother's Maiden Name						Miss Bray					
Mother's Birthplace						Pa.					
Name of person giving information						Brother W. Wise					
How related to deceased						Brother					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Legs crushed off		How long		16	
Immediate		Shoe		How long		17 hrs	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		G. L. Carder	
				Address		Cumberland	
Accident or Suicide		Accident				Maryland	

